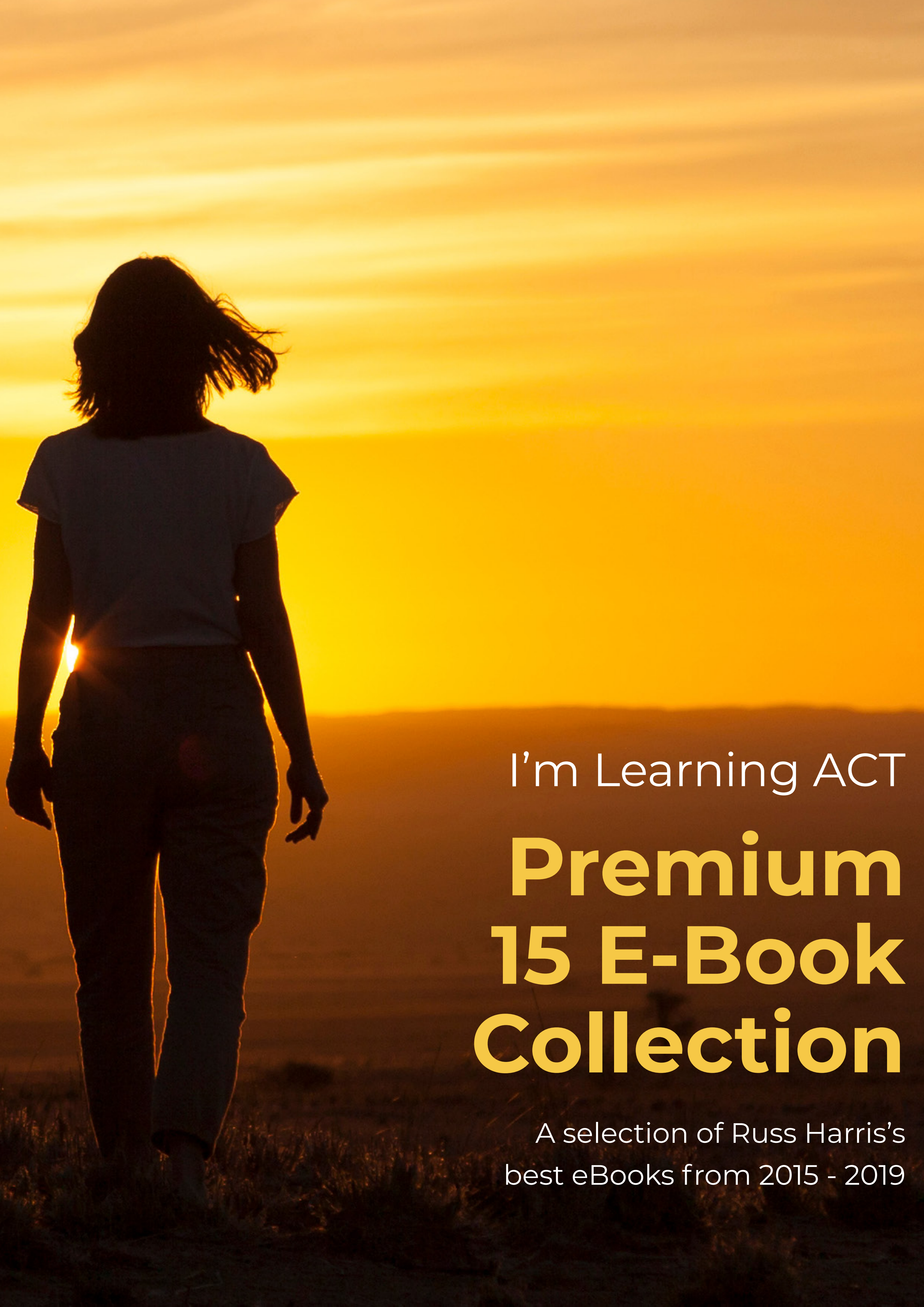

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Working with Shame

PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris

SHAME VERSUS GUILT

Many trauma clients struggle with guilt, shame, or both. There is no agreed definition of an ‘emotion’, but the term usually refers to an experience comprised of a rich & complex ‘mixture’ of thoughts, feelings and sensations.

‘**Guilt**’ typically refers to an uncomfortable emotion that we experience when we feel like we ‘have DONE something bad’ – moved away from our core values, acted unlike the sort of person we want to be.

‘**Shame**’ typically refers to an uncomfortable emotion that we experience when we feel like not only have we done something bad, we ARE bad; so it includes a lot of fusion with harsh negative self-judgment: “I am a bad person”.

Simplistically speaking:

Guilt = I’ve DONE something bad.

Shame = I AM bad.

BE WARY OF DOGMA ABOUT SHAME VERSUS GUILT

Many of us are taught during our basic training in therapy, counselling or coaching that ‘guilt is motivating’; it helps people identify what they’ve done wrong and motivates them to atone or amend or get back in touch with their values, and behave more congruently. At the same time we’re taught that ‘shame is demotivating’ – it makes people ‘shut down’ and avoid dealing effectively with their issues.

Well, there is some basis for this, but it’s a gross over simplification. After all, one of the key insights in ACT is that no emotion is good or bad in and of itself; it always depends on the context.

In a context of fusion/avoidance, any emotion can be unhelpful, harmful, toxic or life-distorting; and in a context of mindfulness and values, any emotion can be helpful or life-enhancing.

Guilt and shame are no exceptions. Guilt can be demotivating, and shame can be motivating; it depends on the context. If we respond to shame mindfully, and explore the values ‘buried beneath it’, it can be motivating. We’re going to focus first on shame, then on guilt.

IMPORTANT QUESTIONS ABOUT SHAME

In working with any ‘problematic emotion’ in ACT, it’s essential that we know how the emotion is problematic for the client. (Remember, in ACT, no emotion is inherently problematic; it only becomes so in a context where the degree of fusion with or experiential avoidance of the emotion is great enough to interfere with a rich and full life.) So we want to know what important aspects of life is the emotion getting in the way of? Without this information, its hard to a) motivate the client to learn defusion/acceptance skills to handle the emotion in question, and b) provide a rationale for our work.

So we want to ask these vitally important questions (which I hope you recall from your case formulation worksheet):

If shame were no longer an issue for you…

- What would you stop doing or start doing, do more of or less of?
- How would you treat yourself, others, life, the world, differently?
- What goals would you pursue?
- What activities would you start or resume?
- What people, places, events, activities, challenges, would you approach, start, resume or contact - rather than avoid or withdraw?

DECONSTRUCTING

An emotion only becomes “problematic” (i.e. interfering with a rich and meaningful life) in a specific context: of fusion, avoidance, and unworkable action.

In ACT, we aim to change such a context to one of defusion, acceptance, and values-guided action (i.e. a context of psychological flexibility). In this new context, the emotion is no longer “problematic”.

To help us in this work, it’s often useful to “deconstruct the context” into “three elements”. We can then work with these “elements” one at a time. Note: we don’t do this in any specific order – we work flexibly, moment to moment, depending on what seems most relevant, useful, or likely to work for this client.

In a context where shame (or any other emotion) has become problematic, we can expect to find all of the following elements:

1. Fusion
2. Experiential Avoidance
3. Unworkable Action

FUSION & SHAME

When working with shame, we expect to find fusion with:

The Past – especially rumination and the reliving of painful memories.

The Future – especially a lot of anxiety about the possibility of negative evaluation/ hostility/ rejection by others (especially if these others were to discover the 'truth' about the client's 'shameful past').

The Self – extreme fusion with harsh negative self-judgment: "I am bad, broken, disgusting, unworthy, hopeless, undeserving of happiness etc".

Reason-Giving – all the reasons why I can't or shouldn't even try to change. Especially look for: "Because in the past these shameful things happened, I can't change/ I'm broken/ I can't have relationships / I don't deserve a better life etc."

Of course, we can find plenty of other types of fusion too, but these ones often tend to predominate in shame.

EXPERIENTIAL AVOIDANCE & SHAME

When working with shame, we expect to find most clients are very keen to avoid or get rid of:

- Unpleasant sensations/feelings of shame in the body. These are often very similar to, or combined with, sensations/feelings of anxiety or dread – e.g. tight chest, churning stomach (In more dissociative clients, we may of course just find 'numbness'.)
- Unpleasant cognitions, especially harsh self-judgments, shame-evoking memories, and anxieties about negative evaluation or rejection by others
- Uncomfortable urges to do self-defeating actions (e.g. to take drugs or alcohol, to self-harm, to socially isolate)
- Other cognitions to do with resentment/injustice at self or others, or hopelessness/futility – and other feelings and sensations that tend to show up in association with such themes. For example, if fused with hopelessness/worthlessness, clients may notice feelings of lethargy, heaviness, tiredness.

UNWORKABLE ACTION

Unworkable actions ‘triggered’ by shame can vary enormously. Especially common are:

- Avoiding or withdrawing from important/meaningful people, places, events, activities and situations that trigger shame.
- The ‘usual suspects’: behaviours that humans commonly do to avoid, escape or
  get rid of pain – e.g. drugs, alcohol, cigarettes, food, addictive behaviours, distraction, etc.
- Conflict with, criticism of, aggressiveness towards, or shaming of others.
- Self-defeating changes in body posture.

***Remember**: in ACT, a behaviour is only considered ‘unworkable’ in a context where it interferes with creating a rich and meaningful life. Used moderately, flexibly, wisely, most of the strategies above are not unworkable; but when used excessively, rigidly or inappropriately, they readily become unworkable.*

WORKING WITH SHAME

Working with shame in the ACT model can involve any or all of the following:

- Body posture.
- Defusion (including noticing & naming).
- Acceptance (including normalizing, validating & expansive awareness).
- Contacting the present moment (including grounding & centering).
- Self-as-context (including noticing how shame changes over time).
- Values.
- Committed action.
- Self-compassion.
- Exposure.
- Urge-surfing.
- Acting flexibly with shame.
- Insight into how shame developed, and functions it has had both past and present.

  (Note: in ACT, insight is not an end within itself but rather a means to facilitate defusion, acceptance, self-compassion).

BODY POSTURE

Shame is often (but not always) accompanied by characteristic changes in body posture. These can include (but are not limited to):

- Hanging the head down.
- Limited eye-contact (e.g. looking at the floor or out of the window instead of at the therapist).
- Downcast or 'hangdog' facial expression.
- Slumped posture – drooping shoulders and arms, slumped spine.
- Fidgeting uncomfortably when talking or thinking about anything shame-related.
- Covering eyes with a hand, or holding head in hands.

Note: In some clients, shame will at times trigger aggressive behaviour – in which case we will likely see changes in body posture that typically accompany aggression.

DEFUSION & SHAME

Defusion – from self-judgment, self-blame, painful memories, fear of negative evaluation by others and/or rejection by others etc.

Remember, two simple first steps for defusion (or acceptance) are ‘noticing & naming’. We can ask the client to notice what her mind is saying, or notice how her mind is beating her up, or notice how her mind is judging & blaming her, or notice how her mind is so quick to assume that other people will judge, criticize or reject her.

We can also ask him to non-judgmentally name his thoughts and feelings - e.g. “Here’s shame” or “Here’s my ‘I am BAD’ schema” or “I’m having the thought that I’m BAD” or “I’m noticing self-judgment” or “I’m having thoughts that other people will judge me” or “Here is my mind trying to scare me”, “I’m having a feeling of shame” or “I’m noticing a feeling of shame”, or “I’m having a shameful memory” etc.

If we segue from noticing and naming to acceptance, the emphasis is on allowing and making room for whatever feelings, sensations have been noticed and named. If, however, we segue more into defusion, the emphasis is on cognitions, rather than feelings and sensations; and the aim is to ‘see more clearly’ what cognitions are: strings of words and pictures.

Note: It’s wisest to avoid zany defusion techniques (like ‘thanking your mind’ or ‘singing your thoughts’) in working with shame – at least in early sessions - because they can easily backfire and invalidate the client.

LEARNING HISTORY & SHAME

We can help defusion, self-acceptance & self-compassion by looking at the client's learning history that lead to such shame.

For example, did the client's caregivers or abusers or assailants say things that fueled shame (e.g. 'You deserve this', 'You're a slut', 'You brought this on yourself', 'You should be ashamed of yourself')?

In cases of abuse in childhood by a caregiver, we might discuss the following: *A child unconsciously needs to maintain a positive view of her caregivers, no matter what they do wrong, because they are the child's life support system. If the child consciously acknowledges that her 'life support' is a source of threat & danger, this is terrifying. Thus when caregivers are abusive, the child's mind will often automatically and unconsciously blame the child for it: 'It's my fault'. This helps protect the child from the terrifying and painful reality of her caregiver(s).*

After such work, we can refer to 'I am BAD' narratives as "old programming" and use this for defusion: "Here's some old programming showing up"

PAST FUNCTIONS OF SHAME

It can be useful with clients to look at how shame has functioned in the past in ways that were, in some way, helpful to or protective of the client. (I.e. examine the reinforcing consequences of shame). These may include some or all of:

Reducing punishment or hostility:
If you are obviously ashamed, then in some contexts, this will lessen the punishment, hostility, criticism, judgment of others.

Eliciting support or kindness:
If you are obviously ashamed, then in some contexts, this will elicit sympathy, kindness, support or forgiveness from others.

Avoiding pain:
Often, 'in the grip of' shame, people avoid all manner of people, places, situations, events and activities that 'trigger' difficult thoughts, feelings and memories. So in the short term, shame helps them to escape or avoid pain. A common example: the downcast eyes of shame helps many clients to avoid the anxiety of eye contact with others – anxiety usually fueled by a fear of negative evaluation, rejection, or hostility.

Sense-making:
Shame helps people to 'make sense' of their experience: "These things happened because I am bad". As we saw in the last slide, this can enable some children to make sense of abuse in a way that spares them from the terrible reality of her caregivers.

This kind of psychoeducation or insight can play a useful role in normalizing and validating shame, which promotes acceptance, and readily segues into self-compassion.

PRESENT FUNCTIONS OF SHAME

If we’ve looked at past functions of shame – to normalize and validate the experience – it’s important to then highlight the present functions. While shame may still have some of the ‘beneficial’ functions it has had in the past, in the present it clearly now also has some life-draining functions. Aside from the obvious – it’s a very unpleasant feeling – the other detrimental functions of shame can be readily elicited by the questions on slide 3.

Once we have this information, we might say something like, “So in the past, shame has actually helped you in some ways – such as X,Y,Z – but in the present, it’s getting in the way of you being the person you want to be and doing the things you want to do, such as A,B,C. So would you be willing to learn some new skills here – so you can handle shame more effectively, reduce its impact on your life, take away its power, so you can start doing A,B,C again?”

Having established this rationale/motivation for learning ACT skills, we can frequently refer back to it. Especially when the work gets challenging or the client lacks motivation.

Note: we don’t HAVE TO explore past functions of shame – it’s the present functions that matter. However, it can be useful to do so, for normalization & validation, which can in turn facilitate acceptance, self-acceptance, and self-compassion

PAST & PRESENT FUNCTIONS OF SHAME: DEFUSION

If we've looked at past and present functions of shame we can use this information for defusion.

The client might try noticing and naming his shame, along these lines:

"Aha. Here you are again, shame. I know you're trying to help me or protect me, like you have in the past. But I don't need that sort of help any more. Now I've got my values to help me."

Ideally, then, the client would mindfully reconnect with her values, while defusing from the thoughts/memories and accepting the feelings/sensations of shame.

Another variant:

"Aha. Here you are again, shame. Thanks for reminding me to practice self-compassion."

‘NOT YOUR FAULT’ & SHAME

Often, when clients are fused with self-blame, we as therapists feel the urge to say “It wasn’t your fault” – especially for victims of child abuse.

However, such interventions are often ineffective; the client may disagree or debate with you, dismiss or deny your comment, go along with it intellectually but have no deep resonance with it, or simply disbelieve you.

Indeed, if the client has been in therapy before, or has a supportive network of friends/family, she may well have been told this kind of thing many times before. So while it is not “wrong” (from an ACT perspective) to do this, there are alternative ways of tackling self-blame in the ACT model, which are likely to be more effective – especially “inner child” imagery and rescripting. In ACT, “inner child” work usually takes the form of interactive experiential exercises. Typically the therapist guides the client to vividly imagine herself, as she is today, traveling back in time to comfort and care for a childhood version of herself that is suffering. Often this is linked to an explicit memory of childhood trauma, abuse or neglect. The therapist coaches the client to act compassionately towards the child self – offering comfort, solace, kindness, support and wisdom. In particular, the adult self is actively coached to tell the child self the truth about the situation she is in; e.g. in an abusive situation, to understand that she (the child) hasn’t done anything wrong, it’s the adults who are at fault. The client tells the child everything necessary for her to understand and make sense of the situation, and to see that she is not to blame for what happened.

The exercises usually end with the adult self compassionately hugging or holding the child self, and/or taking her to a safe place. These deeply emotive experiential exercises are usually far more effective in helping clients to let go of self-blame and recognize their own innocence, than telling them “it wasn’t your fault” and trying to justify this with logic and reason. For an example of inner child imagery, download this script (an extract from The Reality Slap).

(By the way, I’d never use the term “inner child work” with a client, because it has negative connotations for many people, especially therapy veterans. I’d simply say, “Would you be willing to do an exercise with me to help you with this issue?”)

ACCEPTANCE & SHAME

Acceptance of the unwanted feelings, sensations, thoughts and memories that comprise shame, often begins with validation & normalisation.

We acknowledge that shame is a common and natural response for people who've been through trauma – and the "I'm BAD" narrative is universal.

From there, it's easy to segue to 'noticing, naming & allowing' the various thoughts, feelings, sensations and memories that make up shame.

And from there, we can use any combination of acceptance techniques we prefer.

Expansive awareness often comes in useful too: not to distract from shame but to discover there's a lot of other stuff here in this moment as well as shame.

And we can also utilise shame – to help connect with values, or as a reminder to practise self-compassion.

PRESENT MOMENT & SHAME

Contacting the present moment includes:

- Grounding and centering and ‘dropping anchor’ – essential skills to develop early in any client overwhelmed by any emotion.
- Engagement, connection & expansive awareness.
- Body posture – noticing body posture and the effects of it, and experimenting with changes in body posture to promote engagement, centering, grounding, connection, vitality etc.
- The initial noticing and acknowledging of thoughts & feelings that paves the way for defusion or acceptance.

SELF-COMPASSION AND SHAME

Self-compassion: as with any painful emotion, we can respond to shame with any or all of the 'six building blocks' of self-compassion:

1. Acknowledging pain,
2. Validating pain,
3. Accepting pain,
4. Defusion from harsh self-criticism,
5. Self-kindness in thought, word and action,
6. Connectedness with others.

We can then, if desired, reframe 'shame' as a reminder call to practice self-compassion.

For more about self-compassion from an ACT perspective, download my free eBook on the topic.

I also highly recommend the textbook: The ACT Practitioner's Guide to the Science of Compassion by Dennis Tirch, Benjamin Schoendorff, Laura Silberstein.

SELF-AS-CONTEXT AND SHAME

Self-as-context: you can use the ‘part of you that notices’ to step back and observe the various elements of shame – thoughts, feelings, sensations, memories etc.

You can notice that shame is not the essence of who you are; there is much more to you than these thoughts, feelings, memories.

We can help clients to notice how the thoughts, feelings, sensations and memories that together comprise shame, all continually change over time - whereas the ‘part of you that notices’ is unchanging. In doing this sort of work, it’s often useful to get clients to check in and gauge their level of shame 0-10 every few minutes throughout the session, and notice how it keeps rising and falling.

The stage show metaphor is very useful for this kind of work.

VALUES & SHAME

As clients become more flexible in the presence of shame – through defusion, acceptance, self-compassion, etc – it becomes possible, and often very fruitful, to utilise their shame to explore values. We might ask:

- How would you treat, and/or what advice would you give to a loved one who had been through similar events and felt the same way as you do?
- What does this shame tell you really matters to you? That you need to address, face up to, take action on?
- What does shame remind you about the way you ideally want to treat yourself/ treat others?
- What does shame tell you that: you've lost/ you need to be careful about/ you want to stand up for/ you deeply care about/ you need to deal with?
- What does shame tell you about the way you'd like the world/yourself/ others/life to be?
- Hopefully you can see that all these lines of exploration can readily segue into values and committed action.

COMMITTED ACTION & SHAME

From values, we can readily segue to committed action: instigating and reinforcing new, values-congruent repertoires of behaviour as an alternative to the old ‘shame-driven’ repertoires. This can include any or all of the following:

- Values-guided problem-solving.
- Values-guided goal-setting and action-planning.
- Mindfulness skills training, practice and application (e.g. defusion, acceptance, awareness, self-compassion, self-as-context skills) in the service of specific values and values-congruent goals.
- Other relevant skills-training in the service of specific values and values-congruent goals – especially training in relationship skills (e.g. communication skills, assertiveness skills, intimacy skills, empathy skills).

EXPOSURE & SHAME

Many clients experience problematic narrowing of behavioural repertoires in the presence of shame. In particular, many clients find their behaviour becomes organized around trying to:

a. Avoid the thoughts, feelings and memories that comprise shame, (experiential avoidance).

b. Avoid the situations, people, places, events and activities that trigger shame (overt avoidance).

Thus an important aspect of successful treatment is exposure. So in week 6, when we look at flexible exposure, you'll see it is all relevant to and readily adaptable to any aspect of shame.

And remember, we do both interoceptive exposure - to 'stuff inside the body' such as thoughts and feelings - as well as overt exposure - to 'stuff outside the body', such as important people, places, events, activities, situations. We can think of this work as a 'subset' of committed action, because it involves taking action to establish (or re-establish) contact with important, meaningful aspects of life.

ACTING FLEXIBLY WITH SHAME

With any thought, feeling, sensation, emotion, urge, image, or memory, it's useful for the client to experience he can act flexibly with it; he doesn't have to wait until it's gone, and nor does he have to let it control his actions (i.e. he doesn't have to do what it 'tells him to do'.). He can act, guided by values, even with the feeling, sensation, emotion or urge present.

This is usually most powerful when done as experiential work, and least effective when discussed in an intellectual or didactic manner (where it often ends with either the client insisting it's not possible, or intellectually agreeing with the concept but without any idea of how to do it).

One simple way to make this experiential for the client is to get her physically acting while the shame is actually present in session; e.g. get her taking control of her arms and legs – mindfully stretching, mindfully shifting position or changing posture, mindfully walking, mindfully eating, mindfully drinking, kind self-touching etc. The client then actually experiences that even with shame present, she can still exert control over her actions.

URGE-SURFING WITH SHAME

IN WORKING WITH SHAME, WE OFTEN ENCOUNTER URGES TO:

- Take drugs or alcohol.
- Self-harm.
- Withdraw socially.
- Retreat from important but challenging situations.
- Do any number of self-defeating behaviours that enable short term escape from pain.

WE CAN WORK WITH ANY URGE THROUGH ANY OR ALL OF THE FOLLOWING:

a. Defusion from the cognitive aspects (e.g. “I need it”, “I want it”, “I can’t help it”).
b. Acceptance of the feelings and sensations of the urge.
c. Dropping anchor, grounding and centering in the midst of the urge.
d. Mindfully controlling actions – e.g. breathing, body posture, stretching.
e. Self-compassion.
f. Expansive awareness: what else is here and now, as well as this urge?
g. Self-as-context: use the ‘part that notices’ to notice how urges rise and fall over time.

Formal meditative-style urge-surfing exercises – which incorporate acceptance, defusion, and contacting the present moment - can also be very useful for this kind of work.

SO MUCH FOR SHAME; WHAT ABOUT GUILT?

The strategies outlined in the slides above are relevant and useful for working with any emotion. How so? Well the ‘real problem’ from an ACT perspective is not the emotion itself – but rather the context of fusion, experiential avoidance and unworkable action; it’s only this context that an emotion becomes problematic.

Our aim in ACT is not to change the emotion itself but to change the context to one of defusion, acceptance, and effective, values-guided action. In this new context, the emotion functions differently; it may still be very uncomfortable or painful, but it no longer functions in a way that is toxic, life-distorting, or self-defeating.

We can work with guilt, anger, anxiety, fear, sadness, envy, jealousy, disgust, loneliness, and so on in much the same way as we work with shame. In each case we will identify fusion, avoidance, unworkable action and target them with the relevant therapeutic processes.

The specific thoughts, feelings, memories, sensations, urges, images, body postures, and unworkable actions will vary from emotion to emotion; but the core ACT processes we use to work with them will always be the same.

Shame is a huge topic, and we’ve only just scratched the surface in this eBook. Nonetheless, I hope I’ve given you some helpful ideas for how to use ACT in this challenging domain. I’m going to finish up with three quotes I find inspiring:

“Every saint has a past and every sinner has a future.”—Oscar Wilde

“The most terrifying thing is to accept oneself completely.” —Carl Jung

“To keep on trying in spite of disappointment and failure is the only way to keep young and brave. Failures become victories if they make us wise-hearted.” —Helen Keller

All the best,
Cheers, Russ Harris

Caveman Mind Metaphors

PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris

CAVEMAN MIND METAPHORS

In ACT, we often talk about how the mind has evolved '**to think negatively**' or more accurately, to think in such a way that it naturally creates psychological suffering. There are many variants on this 'spiel', and I tend to class them all under the heading of '**caveman mind**' metaphors.

Basically, all these spiels point out how the stone age mind was **geared towards safety** (avoiding threats, steering away from danger, protecting you from harm, ensuring you don't get cut off from the group, preparing for future dangers) as it's '**top priority**'. Often during this spiel, we ask clients questions such as: *What did a caveman have to be on the lookout for, in order to survive? If a cavewoman's mind wasn't good at predicting, spotting, or avoiding danger, what happened to her?* We tease out, how the better a caveperson's mind was at doing this job (of spotting, predicting, avoiding, danger), the longer he or she lived. Which means the more offspring they had, and thus the more those '**keep yourself safe**' genes got passed on to the next generation, and so on.

We then link this idea – that the default setting of the caveman mind was '**safety first!**', and we have inherited this from our ancient ancestors - to the many unhelpful things that our minds now do in the modern era. We especially point out that our modern mind reacts to difficult thoughts, feelings and memories the same way a stone age mind reacted to dangerous beasts: **fight or flight**! We then give examples, always linking directly to the client's experience.

EXAMPLES:

CAVEMAN MIND: *"Watch out! There might be a bear in that cave. You could get eaten. Watch out!" "That shadow on the horizon. That could be an enemy form another clan. You could get speared."*

MODERN MIND: Worrying, catastrophising, predicting the worst, avoiding anything that scares you.

CAVEMAN MIND: *"Watch out! There was a sabre-tooth tiger on that hill last week. It might come back!"*

MODERN MIND: Projecting the painful past into a scary future: 'It happened before so it'll happen again.'

CAVEMAN MIND: You survive an encounter with a bear or a wolf, so it's useful to replay it; to go over the events in your mind and remember what you did to survive, so that you are better prepared for next time.

MODERN MIND: We go over and over painful memories; dwelling on them, reliving them, even when there's nothing useful to learn, or the lesson has been well and truly learned.

PRACTICAL TIP: We often ask, after describing the caveman mind, *"Does this sound a bit like your mind, at times?*" After 200,000 years of evolution, our minds are doing this kind of thing all the time!

MORE EXAMPLES:

CAVEMAN MIND: As a caveman, you have to fit in with the group. If you are alone, you soon die. The wolves will eat you for breakfast! (If you survive past breakfast, the bears will get you for lunch.) So your mind compares you to others in the group: *“Am I fitting in, contributing enough, following the rules? Am I doing anything that might get me thrown out?”*

MODERN MIND: Comparing yourself to others, fear of negative evaluation, fear of judgment, fear of rejection.

CAVEMAN MIND: When encountering real physical threats e.g. dangerous animals, bad weather, treacherous terrain, rival tribes *“Watch out! You might get hurt. Stay away! Take cover!”*

MODERN MIND: When encountering anything that gives rise to discomfort, we respond to it the same ways as cavemen responded to real physical threats. So our minds start reason-giving – coming up with all the reasons *why I can’t do it, shouldn’t do it, shouldn’t have to do it*. This is our mind trying to protect us from danger.

AND EVEN MORE EXAMPLES:

CAVEMAN MIND: Conservation of physical resources is vitally important to a stone age person. If this task or challenge involves significant expenditure of time/energy and there's a good chance of failure, then it's safer not to undertake it.

MODERN MIND: Our modern minds love to conjure up fear of failure. And they readily generate hopelessness (*"There's no point –I'll only fail"*) – especially if there have been failures in the past. Also shows up as your mind telling you to give up if you're not getting quick or easy results.

PRACTICAL TIP: The above is VERY useful for depressed clients, fused with helplessness and fear of failure.

CAVEMAN MIND: You need more food, more water, better weapons, better shelter. (The cavepeople who thought this way lived longer, had more offspring.)

MODERN MIND: Greed; dissatisfaction; craving; wanting; it's never enough; I need more, more, more!

CAVEMAN MIND: tells you to avoid physical threats like bears and wolves; this keeps you safe!

MODERN MIND: treats painful thoughts & feelings same way as bears and wolves; tells you to avoid them!

A POWERFUL REFRAME

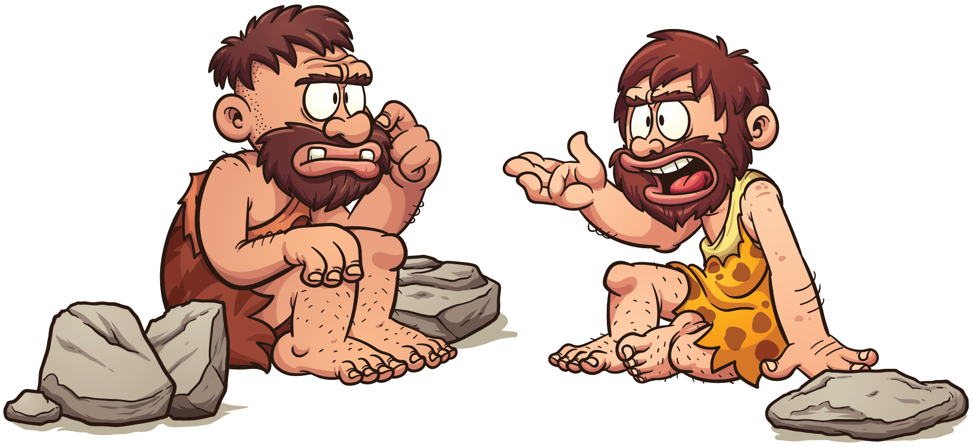
These 'spiels' all boil down to the same conclusion:

- Your mind is trying to save you from getting hurt. That's it number one job.

So yes, there's all this unhelpful stuff your mind keeps saying to you. But it's not your mind deliberately trying to making life difficult; it's just your mind doing its number one job:

- Trying to keep you safe
- Trying to save you from pain.

Your mind's not defective or abnormal; it's evolved to do this.



ANOTHER POWERFUL REFRAME

I especially like to reframe it this way:

So your mind is like an overly helpful friend; like one of those people who's so eager to help, they get in the way and become a nuisance. This is usually very validating for clients.

And you can explore this with your client:

How do you think your mind might be trying to help you here? (E.g: Self-criticism and self-judgment is your mind trying to help you improve. Reason-giving is your mind trying to save you from failure or getting hurt. Worrying is your mind trying to prepare you for the future.)

BENEFITS OF CAVEMAN MIND METAPHORS

NORMALISATION & VALIDATION: It's normal, not a sign you're defective. All minds do this. Mine too!

ACCEPTANCE: Our minds will keep doing this stuff; that's what they've evolved to do. *"It's normal, not a sign I'm defective."*

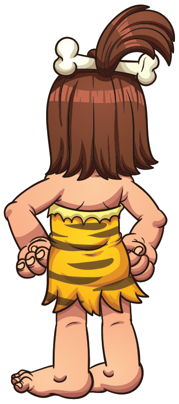
DEFUSION: *"Aha! Here it is again: caveman mind."* Or: *"Thanks mind. I know you're trying to help. It's okay, I've got it covered."* Or *"Ah. There goes my overly helpful friend again."*

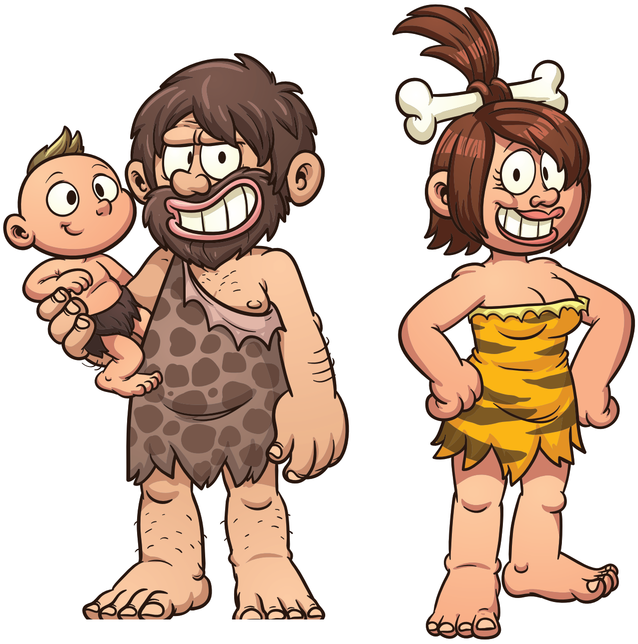
SELF-COMPASSION: Can we acknowledge how our minds create this psychological suffering, against our will and out of our control, as a result of our evolutionary heritage. And recognising this, can we be kind to ourselves?

LINK IT TO THE CLIENT'S ISSUE

As much as possible, link the metaphor specifically to the client's main issues: fear of… failure, rejection, abandonment, looking foolish, being judged, not fitting in, making mistakes; avoidance of thoughts, feelings emotions, memories, people, places, events, activities etc.

TIP: Always check to make sure the link is clear. Ask the client: *"So what's all this talk about cavemen got to do with you?"*





INVOLVE THE CLIENT IN CREATING THE METAPHOR

Rather than trotting the metaphor out as a script, you can ask the client questions to help him or her co-create it with you.

E.g. *"What kind of things were dangerous to cavemen? What did they have to look out for? What kind of animals were a threat?"*

"What would happen to a cavewoman if she got kicked out by the group? How long would she last on her own? What would she need to do to make sure the group don't kick her out?"

"What happened to cavemen that: Weren't good at looking out for danger? Or weren't prepared for it? Or went hunting without their spears?"

"If a cavewoman sees a bear, what does she need to do? If she survives, would there be any benefit to her in going over what happened and how she survived?"

THE OVERLY HELPFUL FRIEND

Again and again and again, throughout therapy, I like to come back to this simple but powerful reframe: *"Your mind is like an overly helpful friend, trying so hard to help, they're actually getting in the way. When your mind says XYZ, it's basically trying to save you from pain in some form or another. That's it job. That's what it evolved to do"*. I encourage you to use this reframe liberally to validate, normalise, and promote defusion, acceptance, and self-compassion.

THE "DON'T GET EATEN MACHINE"

Building on this idea of caveman mind, Kelly Wilson, an ACT pioneer, calls the mind a '**Don't Get Eaten! Machine**' (Because it's number one job is '**Don't get eaten!**'). Other names you might want to use:

- The Don't Get Killed Machine
- The Don't Get Hurt Machine
- The Safety At All Costs Machine
- The Protect You From Pain Machine

NB: Ben Sedley's book, '**Stuff That Sucks**' does an excellent job of riffing on this topic in a teen-friendly way!

Defusion in Trauma

PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris

Defusion in Trauma is...

Much the same as defusion for any other issue! Everything you have learned about defusion in your introductory level ACT training is relevant to trauma. (If you've skipped or forgotten a lot of your introductory level ACT training, check out the bonus module refresher courses this week.)

Now I'm about to give you ten powerful tips for defusion in trauma, but first things first. Before we even look at getting to defusion (you've probably guessed what's coming) make sure you know...

What does the client want from therapy?

In other words, what are the client's emotional goals and behavioural goals? (See the case formulation sheet for a reminder.)

Whatever the emotional goals are, reframe them as 'learning new skills to handle difficult thoughts and feelings more effectively so they have less impact and influence over you'.

Then take the time to do your very best as soon as possible to establish behavioural goals. The sooner you do this, the sooner you can use the concept of workability as 'leverage' for defusion: *If you let this thought control what you do, will it take you towards or away from those goals?*

And if you can't establish behavioural goals initially, because the client's fusion is so extreme, then at least get an agreement that you are:

a) working together as a team
b) to build a better life and deal more effectively with your current problems
c) learning new skills to handle difficult thoughts and feelings more effectively

If you can't get agreement to that, then clarify: *What does the client want from therapy?* If she just wants supportive counselling - i.e. where she gets to talk about her issues and you get to listen, validate, and empathise - then she won't be open to ACT.

And now... The ten tips

So here are 10 tips to help you in applying defusion when working with trauma. *Please hold all of these suggestions lightly – this is only my personal take on it, not some **"OFFICIAL ACT DOCTRINE"***.

Also, keep in mind that we aim to always have the utmost respect, empathy and compassion for the client. If you take it out of that context of radical respect, validation, empathy and compassion, then any suggestion in this e-book could easily backfire or invalidate. And if you are concerned that anything in this book may not be appropriate for the unique client in front of you, then trust your clinical judgement, and err on the side of caution.

1. Teach grounding exercises up front: "dropping anchor". This is usually the best intervention - and often the only one that will work - with extreme levels of fusion. As the client grounds and centres and extends contact with the present moment, he defuses, at least a little, from the cognitions that 'hooked' him.

2. Stay away from playful, whacky or zany defusion techniques that have the potential to invalidate clients (like singing thoughts or saying them in silly voices or 'thanking your mind').

Also...

3. Go the extra mile in terms of normalizing and validating the difficult thoughts. Appropriate self-disclosure (*your mind is a lot like my mind*) is usually very validating and builds trust. Go through basic ACT psycho-ed on how the human mind has evolved to think negatively; how it's evolved into a kind of 'judgement machine' or a sort of 'radio doom and gloom'.
4. Look at thoughts in terms of workability as early as possible (ideally the first session). "It's completely normal and natural to have these thoughts. (*I often have similar ones*). But if you let them control your actions, push you around, where does that take you? What do you usually do when these thoughts hook you? When you do those things, does that take you towards or away from the life you want?"
5. Introduce the idea *early* that self-control comes from learning new ways of responding to these thoughts when they arise, so that the thoughts no longer 'push you around' or 'control you'. Emphasise: *we can't stop these thoughts from showing up, but we can learn to unhook from them, take the power out of them, respond differently to them so they don't control us.*

And also...

6. Explain the rationale for defusion through experiential metaphors such as ‘hands as thoughts’ or ‘the obstacle course’, rather than didactically. (If your client doesn’t get metaphors, you will need to take a more didactic instructional approach – much as you would with a child – but this is to be avoided if possible).
7. When first explicitly teaching direct defusion techniques (as opposed to indirect ones such as dropping anchor) it’s generally wiser to begin with short simple ones like repeating a thought with these words in front: ‘I’m having the thought that...’, or ‘my mind is telling me that...’.

After introducing these simple defusion techniques, and getting clients to practice them between sessions, then, over time, build up to more challenging meditative-style ones.

And then there's this one…

8. In my experience, when you do start introducing meditative-style exercises, it's generally better to start off with ones that teach 'unhooking from thoughts' and allowing them to be present while simultaneously refocusing attention on other aspects of you're here-and-now experience – e.g. mindful body scans, mindful drinking, mindful stretching, mindful breathing, mindful walking, mindful eating, mindfulness of the hand, etc.

   Most of the time, it's only later, once grounding and unhooking/refocusing skills are in place, that I would turn to exercises that involve directly observing thoughts, such as 'leaves on a stream'. That's because, for most people (but not every one, of course), directly observing thoughts is a harder skill than focusing attention on something (e.g. the breath or the body or the raisin in your mouth) and then recognizing you've been 'hooked, and then 'unhooking' yourself and refocusing on the object of attention.

And not forgetting...

9. Writing thoughts down as they occur is the most powerful way I know to defuse when the level of fusion is intense (after dropping anchor, that is).

   The therapist writes the thought down, and also says it out aloud. (Note: If the client's self-judgemental thought is '***You are*** an idiot', the therapist writes down and reads out '***I am*** an idiot'.)

   The therapist **compassionately** acknowledges: *'This thought is here – in the room right now. It's not likely to disappear any time soon. So we have to choose how we are going to respond to it. Shall we let it get in the way of our work here? Derail us? Pull us off track? Stop the session? Give up on our goals for therapy? Or shall we carry on, even though it's present? There is a choice to make, here.'*

   We can then ask the client to do things such as ticking the thoughts with a pen each time they recur. We can easily modify the strategies I've outlined in Writing Objections Down to suit any type of thought that acts as a barrier to the therapy session or to the client's progress (or both).

And last, but most definitely not least!

10. Remember, fusion with a thought means that in the presence of that thought we have a narrowed, inflexible range of behaviour. And defusion from a thought, means that in the presence of the thought we have a broader, more flexible range of behaviour.

    So when fusion is extreme, one of the best ways to do some defusion is to have the client engage in a broad range of mindful actions during the therapy session that the client wouldn't normally do when the thought is present. For example, suppose the client is fused with "It's all my fault; I am to blame" or "I am so disgusting and worthless that I don't deserve a better life".

    First, we would drop anchor. Then we'd write these down as in point 9, and speak them aloud, and acknowledge they are present and not likely to disappear.

    And if the client says "These aren't thoughts, they're facts!" or "But this is all true!", then we say, "Okay, so all these things your mind is saying right now, let's write those down too."

    And then...

Then we'd say...

10 contd.

"So let's see if we can let the thought be there, and at the same time, let's have you take back control of your arms and your legs and your mouth, and engage in what you are doing. My aim is to have you experience that you can have that thought present without learning it crush you, dominate you, or control you. So I'm going to ask you to do some things here, with me, that you wouldn't normally do when that thought is present."

Then we'd get the client to do things such as: mindfully stand up and stretch, mindfully walk around the room, mindfully drink a glass of water, mindfully look out of the window, mindfully listen to some music, mindfully read a passage from a book, mindfully smell some flowers in a vase, mindfully massage their own neck.

And we do all this while in the presence of the thought, which is written on that sheet of paper. This is even more powerful if the client has the paper tucked into her belt, or sticking out of her pocket, or resting on her lap.

During and after each activity, the therapist highlights: "So notice, the thought is present but it does not stop you from taking control of your actions, and engaging in what you are doing. You can choose what you do, even with that thought present."

Exposure

- You'll notice that what we are doing in that last strategy is 'exposure'. In the ACT model, exposure is defined as *organised contact with repertoire-narrowing stimuli for the purpose of increasing emotional flexibility, cognitive flexibility and behavioural flexibility.*
- The term fusion carries the implication that behavioural repertoire narrows in self-defeating ways; and the repertoire-narrowing stimulus is of course the cognition in question. In that last strategy, we have organised contact with the repertoire-narrowing stimuli – i.e. the client is thinking and acting in new, more flexible ways).

But what if the client doesn't want to?

If the client doesn't want to do any of those activities suggested above, then we need to clarify once more: what does the client want from therapy?

Run again through informed consent; is the client interested in anything you have to offer – *learning new skills to handle thoughts and feelings more effectively so they have less impact and influence, acting in line with their values, taking action to make life better?*

If not, what does he want from therapy? Does he want a different model, such as supportive counselling?

If the client is interested in some of these things that ACT offers, we can ask, ***compassionately***: *"Would you be willing to try some of these things I have suggested – even though it seems a bit odd, and feels a bit awkward -- because it seems to me you are very, very stuck right now, and this really is the best way I can think of right now to help you get unstuck?"*

* * * * *

Of course, there is much, much more to defusion in trauma than this; we are barely scratching the surface. However, I hope these tips have given you some food for thought.

All the best, Cheers, Russ Harris

Working With Numbness

PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris

Numbness

When clients dissociate from unpleasant feelings in the body, they are usually left with a sense of numbness (which they often described feeling ‘hollow’ or ‘empty’ or ‘dead inside’). This numbness is itself a feeling … so we can work with it in much the same as with any other feeling.

Common interventions include:

- Values & goals, for motivation to do the hard work
- Noticing & naming
- Normalising & validating
- Accepting
- Exploring
- Utilising
- Noticing how it changes
- Expansive awareness
- Acting flexibly with it
- Self-compassion

Values & Goals

Usually (but not always) the longer the client has been dissociated from her body, the more challenging it will be for her to reconnect with it. The work of self-connection may be uncomfortable, and for some clients it may trigger fear, anxiety, or painful memories.

So even a little bit of work up front on values & goals can be useful to provide motivation to do the hard work. Ideally you will start gathering this kind of information on your first session. Remember these vitally important questions from your case formulation worksheet?

- What would the client like to stop or start doing, do more of or less of?
- How would he like to treat himself, others, life, the world, differently?
- What goals would she like to pursue?
- What activities would she like to start or resume?
- What people, places, events, activities, challenges, would he like to start approaching rather than avoiding?

Motivation

Remember too: If your client can't answer any of the above questions (which is unusual, but does sometimes happen) then at the very least you and the client can explicitly agree to the vague goal of working together 'to build a better life'.

Useful Tip: If clients have expressed a lot of hopelessness about change, we can incorporate that into the summary of the agreed goals, e.g.: *"We are working together to build a better life, even though your mind says that's too hard/impossible/a waste of time."*

Once we have this information about values and goals the client wants to pursue, we can use it for motivation, willingness:

"Would you be willing to do this work, if it could help you XYZ?"

"This is really hard work, right? Let's take a moment to remember that we're doing this so you can XYZ."

Noticing Numbness

Just as with any emotion, feeling, sensation, the aim is to notice ‘numbness’ with curiosity and openness.

We can ask clients:

Where is it located in the body? Where do you notice it most?

If a client says it’s ‘all over’, we can ask her to explore her body, bit by bit:

Where is the numbness greatest? Where is it least? Is it in your fingers?

Is it in your thumb? Is it in your wrist/forearm/elbow/ etc.

(Note: This is a simple way of introducing a step-by-step body scan.)

We can also ask:

- *What is the size, shape, outline, temperature?*
- *Is it ‘at the surface’ or ‘deeper inside’?*
- *Is it moving or still?*
- *Are there hot spots, cold spots, vibrations, pulsations etc?*

Naming Numbness

Just as with any other emotion, feeling, sensation, the aim is to non-judgmentally name it - e.g. *"Here's numbness"* or *"I'm noticing numbness"* or *"I'm having a feeling of numbness"*.

Note: It's best to use the client's language for this. Clients often use words such as empty, hollow, dead, half-dead, coldness, blackness, nothingness, fog, smog, ice, and so on, to describe those numb feelings.

So we'd then incorporate that language: *"Here's a feeling of emptiness" or "I'm noticing a feeling of blackness".*

If Clients Can't Notice Their Own Numbness?

Occasionally a client is so dissociated they can't even notice their feelings of numbness. They can't (or at least say they can't) notice anything in their body.

With such clients we'd initially need to work on general body awareness, as described in my earlier eBook **"Dissociation – Some Quick Tips"** – e.g. tensing muscles and noticing the sensations.

Over time, we'd build up the skills to be able to tune into the body more and consciously access the many sensations and feelings in there.

Normalising & Validating

We acknowledge that numbness is a common and natural response for people who've been through trauma.

Psycho-education about the function of 'cutting off' from feelings/ emotions helps with this: *"This happened because your mind/body/ nervous system was trying to protect you from pain, dread, horror."*

We defuse from unhelpful stories about it.

We facilitate self-compassion: Help clients to acknowledge that it's difficult to have this numbness, and help them to treat themselves kindly. Kind self-touch exercises are especially valuable for this – laying a hand gently on top of the numbness, and 'sending kindness inwards', etc.

Of course, many clients initially struggle with self-compassion. For some tips on how to handle this, read my ebook on **10 Common Barriers to Self-compassion**.

Accepting Numbness

We can…

- breathe into it,
- make room for it,
- hold it gently,
- allow it to be there,
- allow it to freely come, stay and go, as it chooses

We can use any acceptance technique, practice or method we like. I am a big fan of 'physicalizing', where we imagine the feeling as a physical object in the body: What is the shape, size, colour, texture, temperature, surface, weight, texture? Is there any movement, vibration, pulsation?

Almost always, "numbness" goes hand in hand with high levels of experiential avoidance, which means you will usually need to do "creative hopelessness" before you can get anywhere with acceptance. For a refresher on this topic, download: **Nuts and Bolts of Creative Hopelessness**.

Exploring Numbness

We rarely if ever just have one feeling. With any feeling that is present, it's useful to explore: *Are there any other feelings in there? What else can you notice?*

After the client has accepted the feeling of numbness, it's often helpful to ask: *Is there maybe another feeling underneath it? Can we explore? Can you see if you can 'peel back' the top layer, and see if there's maybe something beneath?*

Of course, sometimes we won't discover anything 'underneath it' except more numbness. But at other times, we 'find' painful emotions 'beneath the surface': anger, fear, sadness, guilt, shame etc. We can then work with these emotions just as with any other ones: notice, name, validate, normalize, acceptance, self-compassion, etc.

Feelings & Emotions Are Useful

In ACT, we want to explicitly convey to all clients that our feelings & emotions, that even the most painful and difficult ones, give us important information, which we can make good use of. So it's often useful to share with clients the following information about feelings & emotions:

They often remind us of what is important to us, what matters to us.

They often alert us to issues we need to address: Problems and challenges and 'reality gaps', changes we need to make in our life, changes we need to make in the way we treat ourselves and others.

They can inform our decision-making, enhance our intuition, enable us to make wiser choices.

They can alert us to threats or opportunities outside of conscious thought.

So once a client contacts emotions/feelings "beneath" the numbness we can start looking at how to make good use of them, as follows…

Utilising Our Feelings

Useful questions for just about any feeling or emotion include:

- *What does this feeling/emotion tell you really matters to you?*
- *What does this feeling/emotion remind you that you need to address, face up to, take action on?*
- *What does this feeling/emotion remind you about the way you want to treat yourself/ treat others?*
- *What does this feeling/emotion tell you that: you've lost/ you need to be careful about/ you want to stand up for/ you deeply care about/ you need to deal with?*
- *What does this feeling/emotion tell you about the way you'd like the world/ yourself/others/life to be?*

Note how these questions can easily segue into values and committed action. For example, after exploring the previous question we could ask: *What kind of things can you do to help the world/yourself/others/life to be more like the way you want it?*

Making Use of Numbness

Some clients, at least in the early stages of therapy, will remain numb – and 'underneath' the numbness, just find even more of it.

But they can still use this numbness as an opportunity to develop acceptance skills and self-compassion skills. If they can feel numb, and accept their numbness, and be kind to themselves, that is obviously a huge leap forwards from feeling numb, but not accepting it, and being harsh on themselves.

We can also compassionately suggest something like: *"This numbness tells you something very important: that you are cut off from your body, cut off from your feelings. It's sending a message to you: that there's a whole world of emotions inside you're missing out on."* We might add, *"Emotions add colour and vibrancy to our lives, so as long as you're cut off from them, life will often seem dull and bleak. So in a way, this numbness is sending you a signal: it's saying 'connect with your body, explore what's in here, if you want a better life."*

Hopefully this fuels motivation to learn and practice relevant mindfulness skills, such as noticing, naming and allowing. And over time, as the client develops these new skills, we can expect the numbness to ease, and other feelings and emotions to 'surface' in its place.

Noticing how it changes

With any feeling or sensation or emotion it can be useful to do self-as- context work. We can ask the client to use **'that observing self part'** or use **'the part of you that notices'**, to step back and watch this feeling.

Then we can ask him to notice how the feeling changes over time. For example, we might ask him to check in every few minutes and notice the feeling's size, shape, location, temperature etc. We can also ask him to notice the effects on it of breathing, stretching, moving, grounding & centering, connecting with values, mindfully drinking a glass of water, etc.

We might add at times comments to enhance the self-as-context experience: *"And notice, your feelings and sensations are changing all the time; but the part of you that notices is unchanging, always there, always available."*

We can also ask clients to practice noticing these changes between sessions – and to be alert for other feelings, emotions that may show up – and to notice what those new feelings & emotions are, and when they occur, during what activities or situations etc.

Expansive awareness

With any feeling or sensation or emotion it can be useful to expand awareness: *As well as this feeling of XYZ, what else can you notice? Can you notice any other feelings, sensations, thoughts, memories, images, urges? Your body posture? The room around you? What you can see, hear, smell, taste, touch?*

With numbness in particular, we might ask questions like: *Is there anywhere in your body where you feel alive? Any part of your body that feels alive right now? Anywhere you feel relaxed or comfortable?*

If the client can find such areas (and with a bit of exploration, they usually can), we can then work on expansive awareness: *"So notice, there are more feelings present in your body than just numbness. See if you can expand your awareness now – keep your numbness in the spotlight, but also bring up the lights on these other feelings."*

Acting flexibly with Numbness

With any thought, feeling, sensation, emotion, urge, image, or memory, it's useful for the client to experience he can act *flexibly* with it; he doesn't have to wait until it's gone, and nor does he have to let it control his actions (i.e. he doesn't have to do what it 'tells him to do'.). He can act, guided by values, even with the feeling, sensation, emotion or urge present.

This is usually most powerful when done as experiential work, and least effective when discussed in an intellectual or didactic manner (where it often ends with the client insisting it's not possible).

One simple way to make this experiential for the client is to get her physically acting while the feeling is actually present in session; get her taking control of her arms and legs - stretching, shifting position, mindfully walking, mindfully eating or drinking, kind self-touching etc. The client then *actually experiences* that even with the feeling present, she can still exert control over her actions.

Self-compassion

Whenever clients suffer from or struggle with any type of difficult thought, feeling, emotion, memory, urge, impulse, craving, sensation etc., self-compassion work is helpful.

We can help our clients to:

- Acknowledge their pain/suffering/difficulty/discomfort
- Validate their pain/suffering/difficulty/discomfort
- Make room for their pain/suffering/difficulty/discomfort
- Unhook from harsh self-criticism,
- Treat themselves kindly, and
- Experience connectedness with others.

We can, of course, do this just as readily with numbness as with painful emotions. (Indeed, at times when clients respond self-compassionately to numbness, it 'lifts' – and the pain 'beneath' it 'rises to the surface'.)

How to develop self-compassion

- *in just about anyone*

PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris

WHAT IS SELF COMPASSION?

As the great R.E.M. song goes, ‘Everybody hurts sometimes’. Life dishes up pain for all of us. We all get to repeatedly experience disappointment, frustration, failure, rejection, illness, injury, conflict, hostility, grief, fear, anxiety, anger, sadness, guilt, loss, loneliness, health issues, financial issues, relationship issues, work issues, and so on. Unfortunately, when we experience great pain, we often don’t treat ourselves very well.

Self-compassion involves acknowledging your own suffering and responding kindly. In other words, treating yourself with the same warmth, caring and kindness that you’d extend to someone you love if they were in similar pain. For thousands of years, self-compassion has played a central role in many religious and spiritual practices, and now it is becoming increasingly important in many models of therapy, coaching and counselling. Certainly it is implicit in every aspect of the ACT (acceptance & commitment therapy) model.

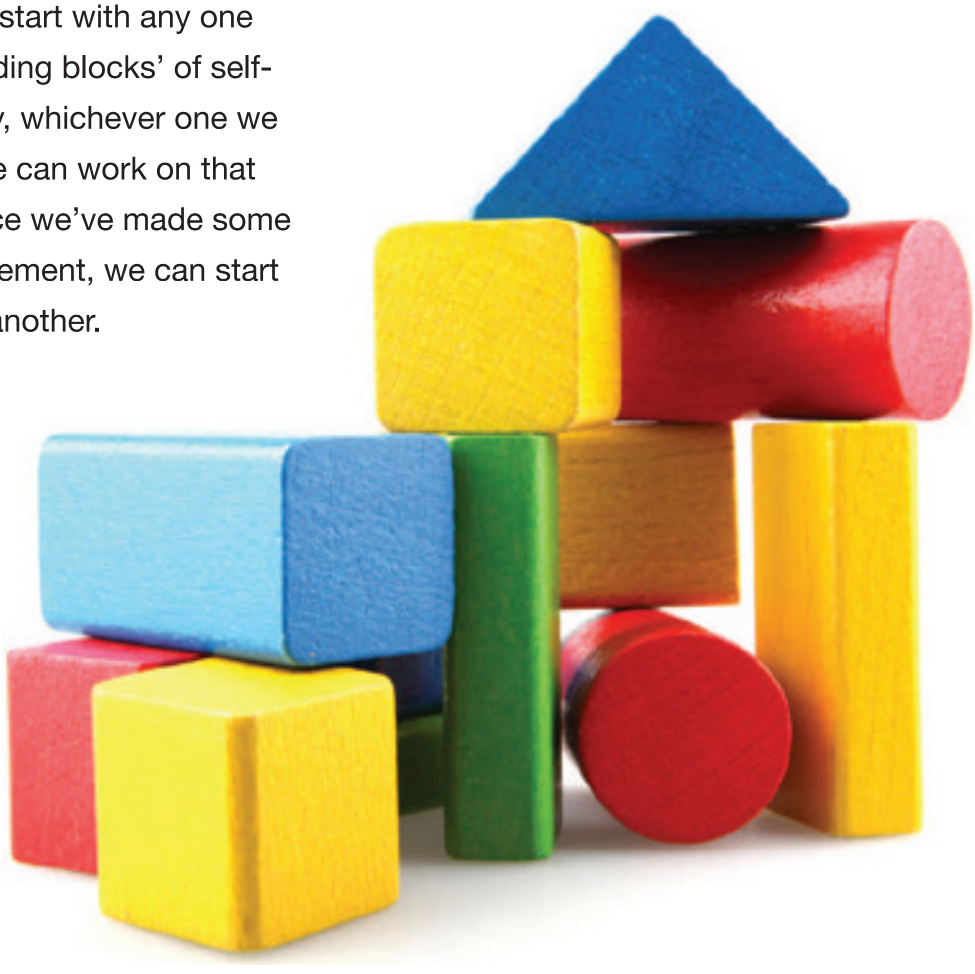
A wealth of research shows the benefits of self-compassion with a wide range of clinical issues, from depression and anxiety disorders to grief, trauma and addiction. So if you’re a therapist, coach or counsellor, it’s well worth knowing how to help your clients to develop it. And, of course, to develop it in yourself!

> *“ Compassion is a two-way street”*
>
> *– Frank Capra*

THE SIX **'BUILDING BLOCKS'** OF SELF-COMPASSION

Many people have little or no experience of self-compassion, and some may find it threatening or overwhelming or just "Too hard!". This is especially likely if they leap head first into an intensive exercise such as a traditional self-compassion meditation.

Luckily, though, we can build self-compassion through 'baby steps', so it's not threatening or overwhelming or "Too hard!". We can start with any one of the six basic 'building blocks' of self-compassion – ideally, whichever one we find easiest – and we can work on that for a while. Then once we've made some progress with that element, we can start experimenting with another.

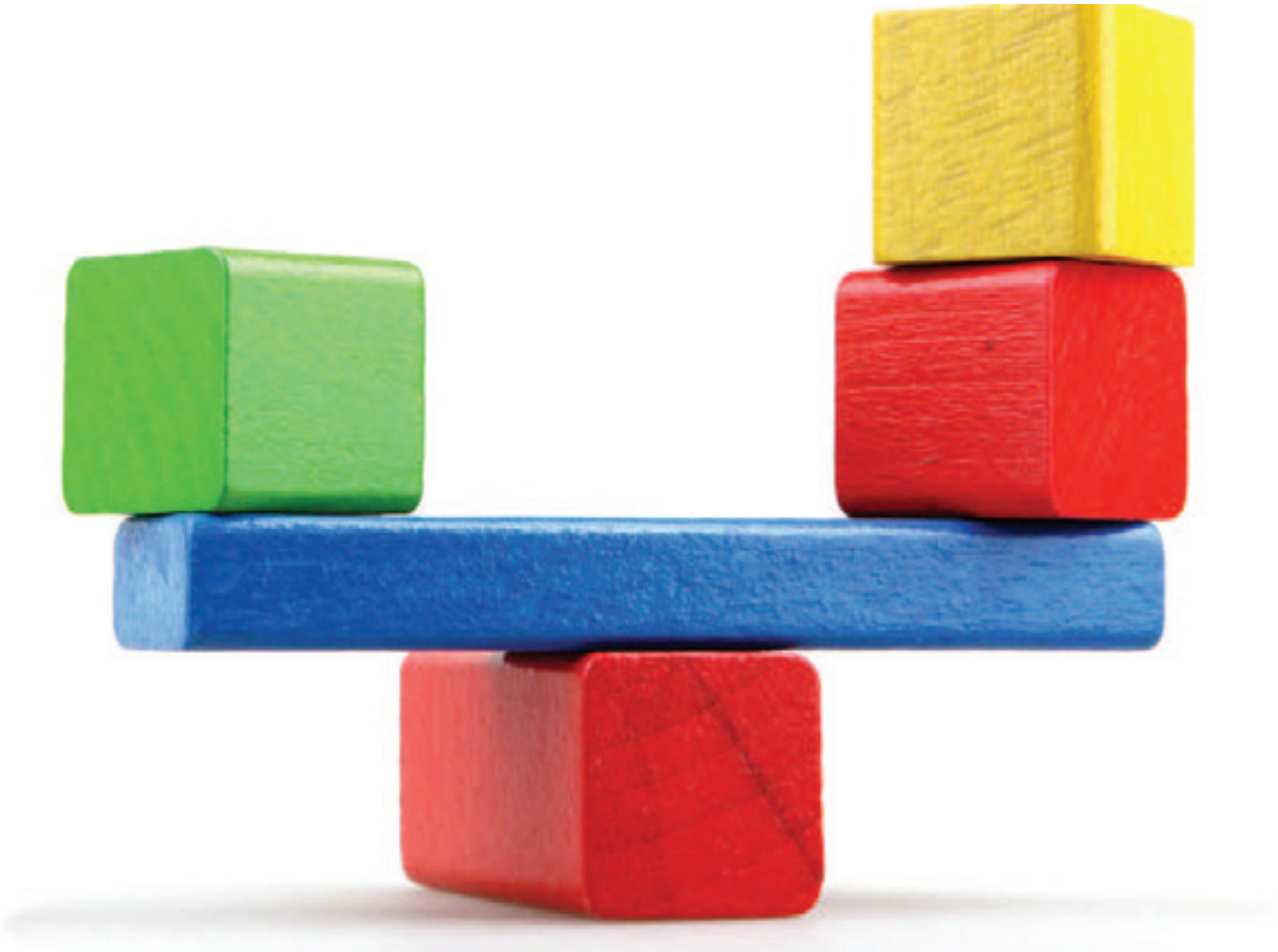


In this way, going gently, step-by-step, we can build our self-compassion skills over time. As we develop more 'building blocks', we can learn how to stack them on top of each other, to build taller and more stable towers.

There is no need for people to meditate, or to follow some religious practice. (Although they can if they want to!) The ACT model gives us a vast range of incredibly flexible ways to develop self-compassion in just about anybody, one step at a time.

The six element model of self-compassion that follows is based on ACT, but if you do a bit of reading on the topic, you'll find most approaches to self-compassion include most or all of these elements.

However, before we go any further, let's be clear: there is not one universally-agreed definition of self-compassion, or 'best-practice' approach to developing it.



ELEMENT #1
ACKNOWLEDGING PAIN

One of the core ACT processes is 'contacting the present moment' – i.e. flexibly noticing, with an attitude of curiosity and openness, what is present: right here, right now. (This is of course a central element in all forms of mindfulness practice.)

This process plays an essential first step in self-compassion: we consciously and intentionally notice and acknowledge our own pain. We notice, with openness and curiosity, the painful thoughts, feelings, emotions, images, sensations, urges, memories etc. that are present within us in this moment.

This is very different from our 'default mode' of turning away from our pain as fast as possible – trying to suppress it, avoid it, deny it, escape it, or distract from it.

Often it's useful to express what we have noticed (in non-judgmental language). For example, we may say, "I'm noticing painful feelings of rejection" or "I'm noticing thoughts about being a loser" or "I'm noticing sadness and anxiety".

> *" Our human compassion binds us the one to the other - not in pity or patronizingly, but as human beings who have learnt how to turn our common suffering into hope for the future."*
>
> *- Nelson Mandela*

ELEMENT 2#
DEFUSION FROM SELF-JUDGMENT

Another core ACT process is 'defusion' – i.e. learning to separate/unhook/ detach from our thoughts and beliefs and see them for what they are: nothing more or less than strings of words and pictures. (This is also a central element in many forms of mindfulness practice.)

Most of us know all too well just how quick our minds are to judge and criticize us. Our minds seem to relish any opportunity to pull out a big stick and give us a hiding; to point our flaws and failures; to label us as 'not good enough' in a hundred different ways.

An essential aspect of self-compassion is learning how to defuse from all that harsh self-talk. We can't magically train our minds to stop speaking to us that way. (If you've ever tried, you know what I'm talking about.) Sure, you can learn to think more positively, and practise non-judgmental awareness - but that won't stop your mind from judging and criticizing you.

But we can learn to defuse from those harsh self-judgments and 'not good enough' stories. We can notice, name and unhook from those cognitions. We can learn how to see them as nothing more or less than words and pictures, without getting into debates about whether they are true or false. And we can let them come and stay and go in their own good time, without getting caught up in them or pushed around by them.

" Your task is not to seek for love, but merely to seek and find all the barriers within yourself that have built against it."
- Rumi

ELEMENT #3
ACTING WITH KINDNESS

Another two of the core ACT processes are ‘values’ and ‘committed action’. ‘Values’ are our hearts deepest desires for how we want to behave on an ongoing basis; how we want to treat ourselves, others and the world around us. ‘Committed action’ means skillful flexible action, guided by our core values.

The value that forms the foundation of self-compassion is ‘kindness’. All types of self-compassion practice – wherever they may have originated from – revolve around this powerful core value.

> *“ There is no need for temples, no need for complicated philosophies. My brain and my heart are my temples; my philosophy is kindness.”*
>
> *– Dalai Lama*

Indeed, we can think of kindness as the glue that holds together all the other elements of self-compassion. For example, when we consciously acknowledge our pain, this is an act of kindness. And when we defuse from harsh self-criticism, this too is an act of kindness.

So once we acknowledge our pain, the aim is to treat ourselves with kindness. And fortunately there are many, many ways in which we can act kindly towards ourselves.

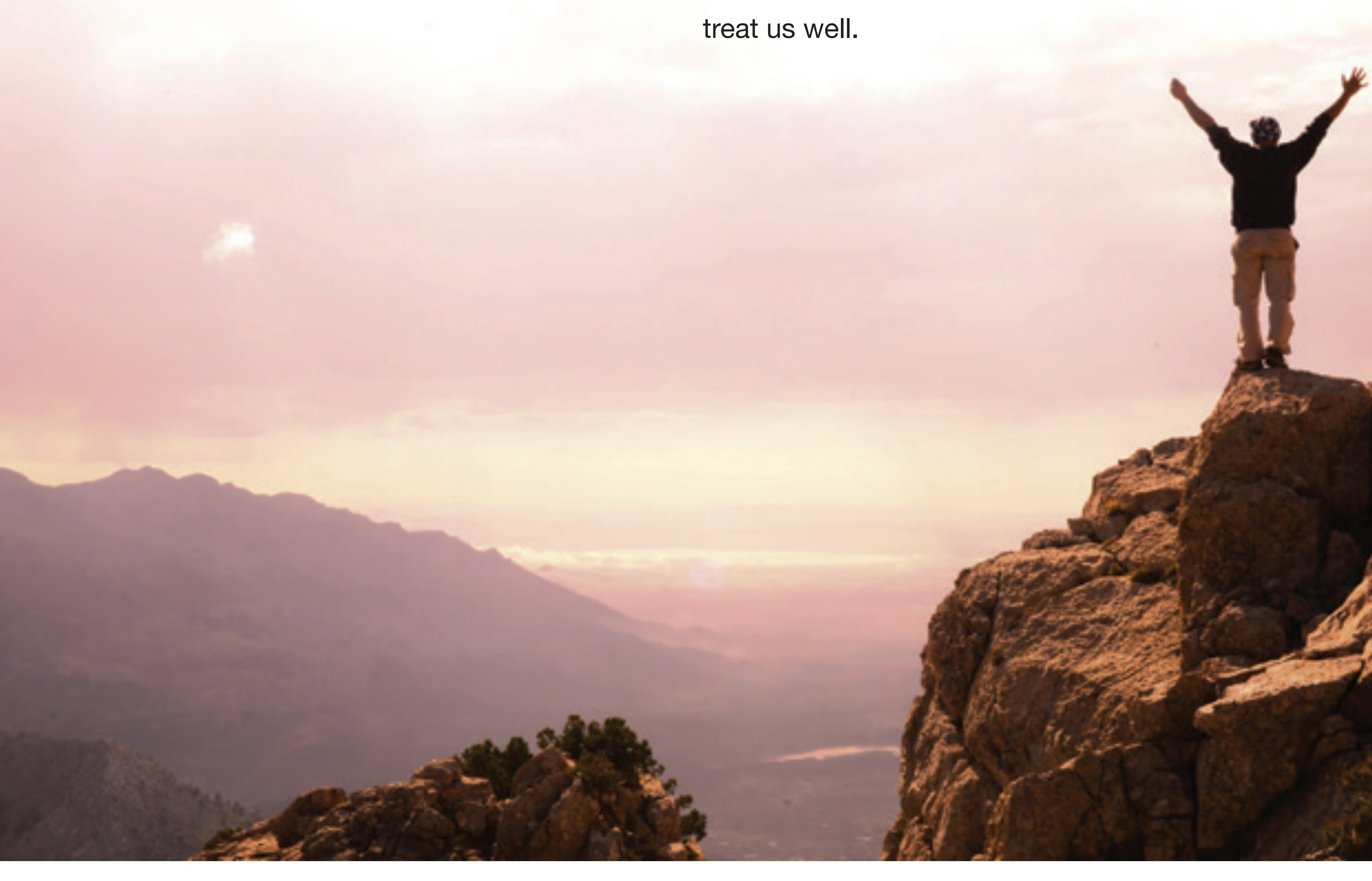
We can use kind self-talk, such as reminding ourselves that we are human, that we are fallible, that everyone makes mistakes, that no one is perfect.

We can talk to ourselves in a caring and gentle and understanding way, much as we would speak to a loved one in similar pain.

We can use kind imagery, such as 'loving kindness meditation' or 'inner child re-scripting' or numerous other practices where we create powerful images to tap into self-kindness.

We can use kind self-touch, such as placing a hand gently on our heart or on top of a painful feeling, and sending warmth and caring inwards through the palm.

And we can do kind deeds, such as self-soothing rituals, or self-care activities, or spending quality time with people who treat us well.



ELEMENT #4
ACCEPTANCE

> *“ Compassion is the antitoxin of the soul: where there is compassion even the most poisonous impulses remain relatively harmless.”*
>
> *- Eric Hoffer*

Another core ACT process is ‘acceptance’. This does not mean passively accepting a difficult situation. On the contrary, the ‘committed action’ process in ACT involves taking effective action, guided by your values, to do everything possible to improve the situation as much as possible. ‘Acceptance’ in ACT refers to accepting our thoughts, feelings, emotions, memories, urges, sensations. Acceptance means we ‘open up’ and ‘make room’ for our thoughts and feelings; we allow them to flow through us, without fighting them, running from them, or being controlled by them. All too often, when pain shows up in our lives, we try to escape it through activities that tend to make our lives worse in the long term. For example, we may turn to alcohol, junk food, drugs, cigarettes, mindless consumerism, zoning out in front of the TV, dropping out of important activities, social isolation, self- harm, or even suicidality. These are not kind ways to treat ourselves. When we practice accepting our painful thoughts, feelings, memories and sensations (instead of doing self-defeating or life- draining things to avoid them) this is an act of kindness in itself.

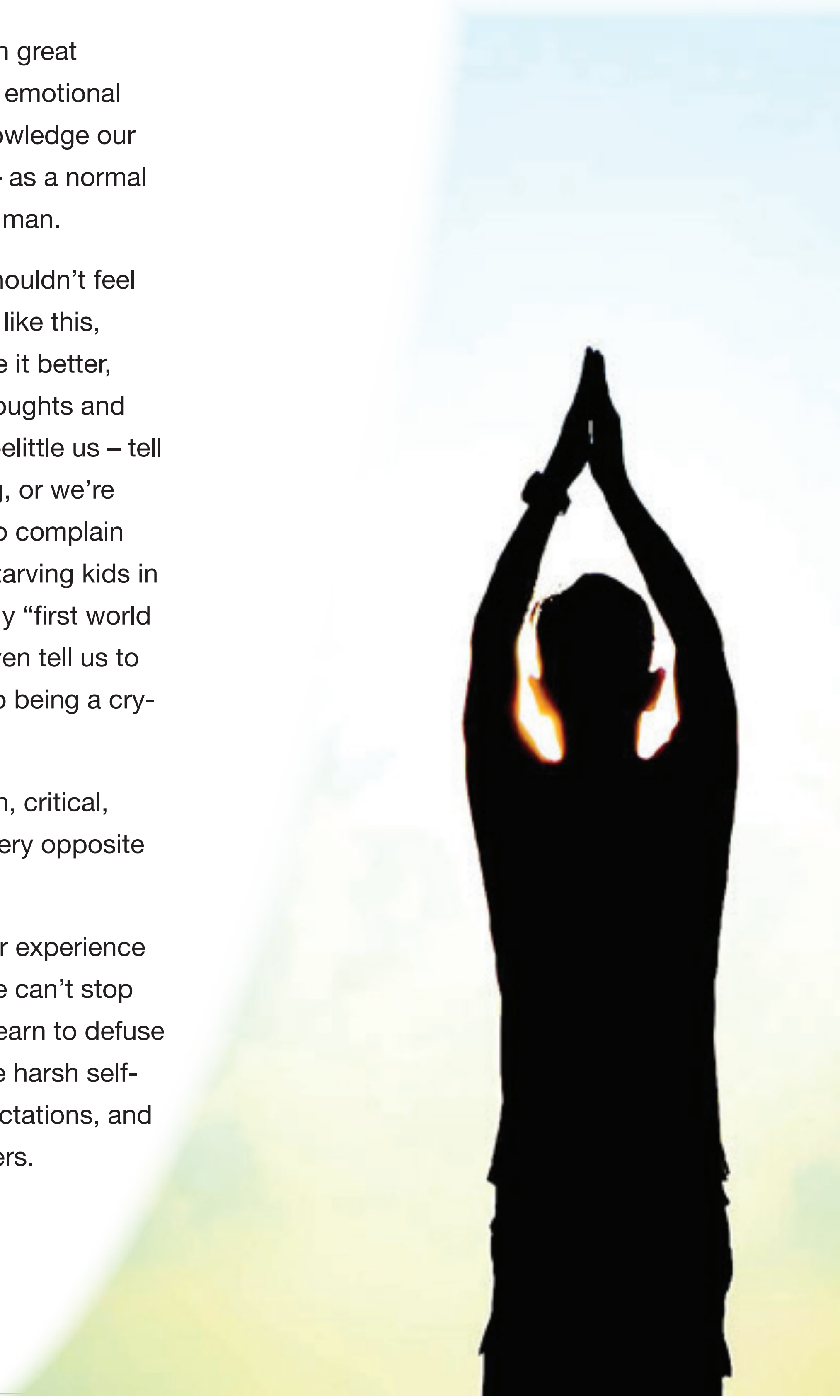
ELEMENT #5
VALIDATION

All too often, when we are in great pain, we invalidate our own emotional experience. We don't acknowledge our pain as a valid experience – as a normal and natural part of being human.

Our minds tell us that we shouldn't feel like this, we shouldn't react like this, we should be able to handle it better, we shouldn't have these thoughts and feelings. Often, our minds belittle us – tell us that we are over-reacting, or we're weak, or we have nothing to complain about because "there are starving kids in Africa", and these are merely "first world worries". Our minds may even tell us to toughen up, suck it up, stop being a cry-baby, or "be a real man".

Obviously, this type of harsh, critical, invalidating attitude is the very opposite of kindness.

One aspect of validating our experience is defusion. Even though we can't stop them from arising, we can learn to defuse (unhook, detach) from these harsh self-judgments, unrealistic expectations, and unkind comparisons to others.



The other aspect is to actively validate our experience through self- talk. We can remind ourselves – (in a warm, caring inner voice) that it is normal and natural for humans to have painful thoughts and feelings when life is difficult, when we make mistakes, when we get rejected, or when we experience any kind of reality gap (a gap between the reality you want and the reality you've got). And when our minds compare our emotional reactions unfavourably to those of others, we can remind ourselves that we are unique. After all, if anybody else on the planet had your unique DNA, your unique childhood, your unique life history, your unique physical body, they would respond exactly the same way that you respond (because they would, in fact, be you!).

ELEMENT #6
CONNECTEDNESS

Often when we are in great pain, our minds generate thoughts along the lines of “I am the only one going through this”, “I’m the only one who feels this way”, “No one else knows what this is like”, “No one cares”, “Everyone else is happy”, “Everyone else is better off than me”, “Why me?”, and so on.

Thoughts like these are commonplace, and completely natural. Most of us have experienced such thoughts at times, and there’s no known way to stop our minds from saying them.

However, the problem is not having such thoughts. The problem is fusing with them. If we fuse with these thoughts – get all caught up in them, buy into them – then this creates a sense of disconnection. We feel cut off, disconnected from others; we are on our own, the odd one out, no longer a part of the group. And our pain is all the more difficult, because we are suffering alone. If, on the other hand, we develop a sense of connectedness with others,

> *“A human being is part of the whole called by us ‘universe’ - a part limited in time and space. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty.”*
>
> *- Albert Einstein*

this can help us with our pain. One way to help develop such connectedness, is to actively defuse (detach, unhook) from thoughts such as those above.

A second way is to spend time with people who care about you and treat you kindly, and actively engage with them; be fully present with them. Often it's useful to let these people know that you are in pain, and to accept their kindness (which will usually rapidly follow your disclosure).

And a third way is to actively think about how your pain is something you have in common with all human beings. Your pain tells you that you have a heart; that you care deeply; that some things really matter to you. Your pain tells you that you are facing a 'reality gap' – a gap between the reality you want and the reality you've got.

Pain is what every living, caring human being feels, whenever they meet a reality gap. And the bigger that reality gap, the greater the pain that arises.

So your pain is not a sign of weakness or defectiveness or mental illness; it's a sign you are a living, caring human being. It's something you have in common with every living, caring human on the planet.

BUILDING **SELF-COMPASSION** BLOCK BY BLOCK

So as you can see, self-compassion is a construct of various elements. As I said at the beginning, there isn't one agreed definition of what it is, or 'formula' for developing it. If you read other texts on this topic, you may find other authors add in extra elements, or subdivide some elements, or even combine elements to simplify the construct.

Furthermore, this document is just a 'bare bones' outline. We can use a vast range of processes, practices, tools, techniques and exercises to develop any or all of the six elements above – from modern super-fast defusion techniques to ancient loving kindness meditations.

Many people have little or no experience of self-compassion, and some may find it threatening or overwhelming or just "Too hard!". This is especially likely if they leap head first into an intensive exercise such as a self-compassion meditation.

Luckily, though, we can work on self-compassion in ‘baby steps’, so it’s not threatening or overwhelming or “Too hard!”. We can start with any one of the six elements above – whichever we find easiest – and work on that for a while. Once we’ve made some progress with that element, then we can start experimenting with another. In this way, going gently, step-by-step, we can build our self-compassion skills over time. And fortunately, the ACT model gives us a vast range of incredibly flexible ways to do this, with just about anybody. (So here’s hoping to meet you soon on one of my courses, where I can share this with you in depth.)

COMMON BARRIERS TO SELF-COMPASSION

Of course, helping our clients to develop self-compassion isn’t always easy. It’s especially difficult with people who have suffered from complex trauma, or who have no personal experience of kind and caring relationships with others.

Here are some of the most common barriers to self-compassion:

Fusion with unworthiness

The client fuses with self-narratives such as “I’m unworthy” or “I don’t deserve kindness”

Overwhelming emotions

The client becomes overwhelmed by emotions such as anxiety, sadness, guilt, or shame.

Pointlessness

The client fails to see the point of self-compassion: “How’s this going to help me?”

Lack of Personal Experience

The client has no personal experience of kind and caring relationships with others.

Prejudice

The client judges self-compassion harshly: as something ‘wishy-washy’ or ‘new age’; as something ‘religious’; as a sign of weakness; or in men, as something effeminate.

In my online training, you'll discover how to overcome such barriers, and actually convert them into opportunities to build more self-compassion.

I'll finish up now by asking you to reflect on this final quote, and consider how it is relevant to whatever model of therapy, coaching or counselling you currently use:

> *" The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern. Beautiful people do not just happen."*
>
> *- Elisabeth Kübler-Ross*

All the best,
Cheers, Russ Harris
www.ImLearningACT.com

10 Common Barriers to Self-Compassion… and how to overcome them

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PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris

SELF-COMPASSION IN A NUTSHELL

Self-compassion is a simple concept. We can sum it up in six words: acknowledge your suffering, respond with kindness.

Now obviously those six words don't even begin to encapsulate the rich, multi-layered, complex human experience of self-compassion. But they do summarise the two main "themes" of self-compassion:

1. Mindfully acknowledging and validating the painful thoughts, feelings, and situations you're dealing with.
2. Being kind and caring to yourself, supporting yourself with kindness, courage and wisdom, as you deal with the difficult challenges life is giving you.

The great news is, there are a vast number of ways we can develop self-compassion, including lots of ultra-brief ACT techniques that don't involve meditation. This is important to know, because while some folks love meditative-style exercises, other folks really don't like them. For example, we may just do a bit of unhooking from self-judgment: "I'm having the thought that I'm a loser". Or we may just say something kind and encouraging to ourselves – along the lines of what we'd say to a loved one in similar pain. Or we may very simply acknowledge and validate our feelings.

These brief ACT interventions are all aspects or elements of self-compassion, and often this is the best place to start. Now as it happens, I've already covered this in a previous eBook on self-compassion so I'm not going to go over it again here. The theme of this eBook is different. This one's about how to overcome common barriers to self-compassion. I hope you find it useful for both your own personal barriers and, if you're a therapist, for helping your clients to overcome their barriers.

BARRIER #1:

HOOKED BY ‘UNWORTHY’ STORIES & SELF-CRITICISM.

We may get hooked by self-critical thoughts such as, “I’m unworthy”, or “I don’t deserve kindness,” or, “I’m not worth it”. This is especially common if we have a deep-seated habit of self-loathing or self-hating; the very act of being kind to ourselves triggers even more harsh self-criticism.
Antidote:

- Drop anchor (If you don’t know what this means, read this eBook about it.)
- Notice and name the story: “Aha! Here it is again! The ‘not good enough story’. I know this one!”

Don‘t try debating with your mind by trying to convince it that you are deserving or worthy. You are unlikely to win that debate. Instead, see that this is your caveman mind being ‘overly-helpful’. Its aim is to help you to be a more worthy individual, but it’s going about this by trying to beat worthiness into you with a big wooden stick. So you could, with a sense of humour, say, “Thanks mind. I know you’re trying to help – and it’s okay, I’ve got this covered.” (If you’re not sure what I mean by “caveman mind” check out this eBook on the topic.)

- Bring in any other defusion/ unhooking skills that you know, as needed.
- Remember, if you’re extremely fused/ hooked, nothing is likely to work unless you first drop anchor. And you may need to do this repeatedly.

BARRIER #2:

HOOKED BY EMOTIONS

When attempting self-compassion, we may become hooked by difficult emotions such as anxiety, sadness, guilt, or shame. For people with a deeply-entrenched pattern of self- loathing, first attempts at self-compassion often trigger high levels of anxiety.

Antidote:

- Drop anchor
- Notice avotion: “Aha! Here’s anxiety.”
- Practise an acceptance/ expansion exercise: observe the feeling, open up, make room for it.
- Keep dropping anchor

BARRIER #3:

HOOKED BY POINTLESSNESS

Your mind says, “I don’t see the point of self-compassion. How’s this going to help me?”
Antidote:

- Get clear on the point of self-compassion, and the many benefits of practising it regularly. Amongst other things, it enhances health and wellbeing; increases vitality; builds resilience; strengthens relationships; helps you cope with adversity and suffering; strengthens the immune system; helps you handle painful feelings and strong urges, etc.

BARRIER #4:

HOOKED BY THE WORD ‘SELF-COMPASSION’

The word ‘self-compassion’ is often problematic, it can trigger all sorts of negative connotations in us. We may see it as something ‘wishy-washy’ or ‘new age’, or as something ‘religious’, or as a sign of weakness, or in men, as something ‘effeminate’. Some people even mistake it for ‘self-pity’ (which is usually defined as an excessive or self-indulgent dwelling on one’s sorrows and misfortunes).
Antidote:

- • If you’re a coach or therapist, consider introducing the concept to your clients without using the official term. Here’s how I do usually do this:

Imagine you’re going through a rough patch, one of the toughest ordeals you’ve ever had to cope with in life. You’re facing all sorts of challenges, obstacles, difficulties. It’s painful and stressful, and there’s no quick fix or easy solution. Now, as you go through this, what kind of companion would you like by your side?

Would you want the kind of companion who says, with a cold, uncaring voice, “Suck it up, princess. I don’t want to hear your whingeing and whining. What have you got to complain about? There are starving kids in Africa, this is trivial. What’s wrong with you? Why are you so weak? Just shut up and get on with it.”? Or the kind of companion who says, with a kind and caring voice, “This is really tough. And I want you to know, I’ve got your back. I’m going to help you get through this. I’m with you every step of the way.”?

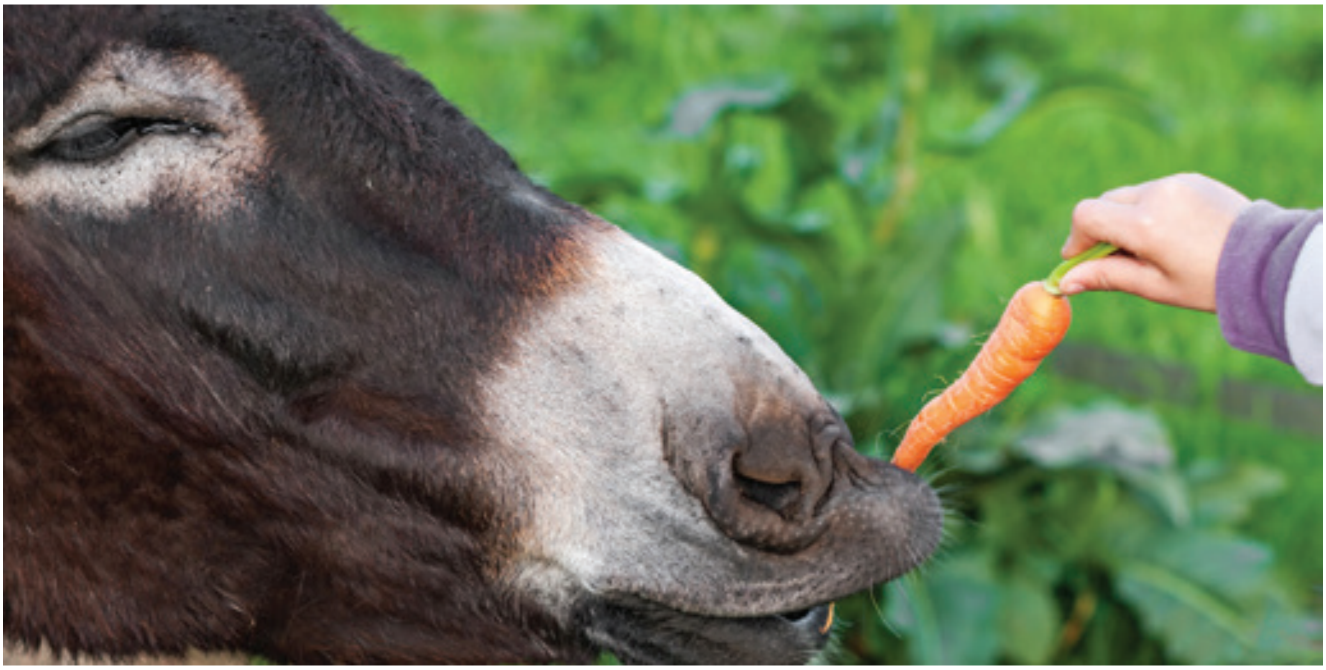
It’s a no-brainer, right? All of us – even super tough men and women who work in the armed forces and emergency services – would choose the second companion over the first. Sadly, the truth is, most of us are a lot better at being kind, understanding and supportive to others, than we are to ourselves. When we are in pain, we often treat ourselves a lot more like the first companion than the second. What if we could learn to treat ourselves like the second companion by acknowledging our own pain and difficulties and responding to ourselves with genuine kindness and caring? In other words, treating ourselves with the same warmth, caring and kindness that we’d extend to someone we love or deeply care about, if they were in similar pain.

BARRIER #5:

HOOKED BY HARSHNESS

Your mind says something like, “I have to be tough on myself. That’s what stops me from screwing up.” Or ,“This is how I motivate myself.”
Antidote:

- ‘Carrot versus stick’: You have a pet donkey, right? And each day, your donkey carries your goods to the market, right? And what’s the best way to motivate that donkey to carry the goods: beat it with a stick or coax it with a carrot? The more you rely on the stick, the more miserable, battered and bruised your donkey becomes. The more you use carrots, the healthier and happier your donkey will be. Yes, there’s no doubt that beating your donkey with a big stick can be very motivating, but it sure doesn’t lead to a happy healthy animal! And similarly, being hard on yourself doesn’t make for a happy, healthy human being. So if you want to be happier and healthier, there’s something much better than carrots, something we call “values”!
- Start using values to motivate yourself, instead of harsh self-judgment.
- Follow all the same steps as for barrier # 1.



BARRIER #6:

TOO ‘TOUCHY-FEELY’

I’m a big fan of ‘hold yourself kindly’ exercises that involve gently laying a hand on top of your heart, or on top of a painful feeling in your body, and sending a sense of warmth and kindness inwards. However, some people don’t like this kind of exercise – especially (in my experience) tough guys and gals in the armed forces and emergency services. Indeed, for some people, even the thought of touching their own body in this way, can trigger high anxiety.

Antidote:

- In such cases, you may want to do a non-touch version initially, which I call the “Kind Energy” exercise. Basically, you hold your hands in front of you, palms cupped and rest them gently in your lap. And you imagine or visualise the cup of your palms filling up with kind energy. Then you imagine or visualise that kind, warm energy flowing up your arms and into your body, to suffuse and soften up around your painful feelings. To download a free audio recording of the “Kind Energy” exercise: Click here. But if even that is too much, then move to simpler, briefer, non-meditative exercises, which we will explore in the next section.

BARRIER #7:

TOO MEDITATIVE

Some people love meditative-type exercises that build self-compassion – e.g. the ‘loving kindness meditation’. Of course, some people are not so keen on them - and some people even get high anxiety every time they try to do one. So we really want to be flexible with our methods.

Antidote:

- There are many brief ways of being self-compassionate that do not involve meditative exercises. For example, as I said earlier, we may just do a bit of unhooking from self-judgment: “I’m having the thought that I’m a loser”. Or we may just say something kind and encouraging to ourselves, along the lines of what we’d say to a loved one in similar pain. Or we may simply acknowledge and validate our feelings. These brief ACT interventions are all aspects or elements of self-compassion, and as I said earlier, you can find plenty of ideas for how to do this in my previous eBook on the topic.

BARRIER #8:

TOO OVERWHELMING

Some people find in-depth self-compassion exercises overwhelming, especially meditative ones.

Antidote:

- If overwhelmed by difficult thoughts and feelings, take the approaches covered in #1 and #2. Then opt for simpler, easier, non-meditative exercises, that we covered in #7 and ease into it with “baby steps”.

BARRIER #9:

RELIGIOUS CONCERNS

Some people see self-compassion as a religious practice, and this may be a problem because a) they are anti-religious or b) they see it as coming from a religion that rivals their own.

Antidote:

- Introduce it in a non-religious way that everyone can relate to, as covered in #4. If, despite this, religious concerns arise, then have an honest discussion about it. Discuss how self-compassion is an important part of most, if not all, religions – but in the modern world it has become a widespread secular practice, studied by scientists, and shown to have enormous benefits for resilience, health and wellbeing. Also emphasise that ACT is a secular, science-based approach and not religious in any way.

BARRIER #10:

LITTLE OR NO EXPERIENCE OF RECEIVING COMPASSION

Some people have had such hard lives, they have rarely if ever been on the receiving end of genuine compassion from others. If so, they may find it extremely hard to generate self- compassion because if you've never had it from others, it's hard to give it yourself. This this isn't always so, but it is often the case.

Antidote:

- Put effort into finding and building relationships with people who are likely to be compassionate: caring friends, a loving partner, a kind therapist or doctor.
- Join groups or communities or programs - religious, spiritual, self- development, self-help - anywhere that compassionate support is likely.
- Look for examples of compassionate behaviour in the world around you, including movies, books, TV shows, and in the people you know.
- Practice being compassionate to others, then see if you can imagine what it would be like to experience that for yourself.

THE WRAP UP

The crucial thing to remember when it comes to self-compassion – whether you're developing it in yourself, or helping others to do so, is to be flexible. Modify your language and modify your exercises to best suit the person that you are helping.

I hope this helps you in your own practice, and also with your clients.

All the best, Russ

The Single Most Powerful Technique for Extreme Fusion.

PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris

EXTREME FUSION

Extreme fusion can manifest in a wide variety of ways, depending on the thoughts, images, memories, emotions that we fuse with.

Here are some common ways we might see it (in ourselves or in others):

When we are overwhelmed by our emotions: crushed with guilt, drowning in shame, swamped with sadness, paralysed by fear, seething with rage, flooded with grief, gripped by a 'panic attack'.

When we are jerked around by our emotions like a puppet on a string – e.g. we may start yelling or acting aggressively when fused with angry thoughts and feelings. When we are so caught up in our thoughts and feelings that we lose touch with all the other important things that are here in the present moment.

Even more extreme fusion can show up when working with trauma. For example, the term 'flashback' refers to such extreme fusion with a traumatic memory that the person experiences it as vividly reliving the experience over again.

Extreme fusion with trauma-related thoughts, feelings, emotions and memories can render a person literally speechless: incapable of talking about their experience. MRI brain scans show that during these experiences, Broca's area of the brain – which is largely responsible for speech – actually 'shuts down' ***(i.e. there is less blood flow to the area).***

“I CAN’T TALK ABOUT IT!”

When extreme fusion happens during a therapy session, clients are often incapable of speaking about it. They may be so overwhelmed by their emotions, they just can’t talk.

If a therapist responds to this by trying to get the client to talk about what she’s feeling, it’s not likely to go well.

And traditional or commonplace defusion techniques are likely to be highly ineffective. If you ask your client to say “I’m having the thought that ...”, or to do a “leaves on the stream” exercise, or to “thank your mind” or to write her thoughts on a card, or do any of the more-than-a-hundred defusion techniques currently published in ACT textbooks ... it’s very unlikely to be helpful.

So what is most likely to help (yourself or your clients), when fusion is extreme?

FOR THE MOST EXTREME FUSION

… no intervention is more effective than what I like to call ‘dropping anchor’ exercises. I call them this because we are basically learning to ‘drop an anchor’ in the midst of an ‘emotional storm’. These exercises don’t require you to speak, or to self-talk, so they are especially useful when you are overwhelmed.

Now before we go any further, let’s just be clear:

dropping an anchor won’t make the storm go away; it will just hold you steady until the storm passes.

The storm may pass quickly, or it may pass slowly, or it may even get worse before it gets better. The anchor holds you steady during this time, so the storm doesn’t sweep you away.

There are many different versions of these exercises, and I’ve included 4 MP3 recordings in this newsletter, to give you a sense of the range from ultra-brief 30 second versions to much longer 10 minute versions. The great thing with these exercises is you can practice them any time and anywhere; you don’t have to wait until an emotional storm blows up. And by practicing them during those times when you’re not so fused, you’re more likely to remember to do them when you are extremely fused.

STORMS AND ANCHORS

Just to be clear – the ‘emotional storm’ refers to all the difficult thoughts, feelings, emotions, memories that you are fused within this moment.

Anchors are anything else that is here in the present moment, that is not a part of the storm. Anchors can include what you see, hear, touch, taste, smell; your breathing; your body posture; what you are doing with your arms and your legs, and so on. Basically anything that can help you to stay present, stay grounded, stay in contact with where you are and what you’re doing, can be an anchor in the midst of your emotional storm.

So ‘dropping anchor’ may involve focusing on your breath, stretching, breathing, looking around the room, listening to sounds in the room etc.

The most common mistake both therapists and clients make with these kinds of exercises is to use them as a kind of distraction technique. Distraction is the very opposite of mindfulness; distraction is turning away from what is here in the present moment, trying to escape it. Mindfulness involves turning towards what is here in the present moment, with openness and curiosity. So if you start using the methods that follow to try to distract from the painful thoughts and feelings that are present – well, it sure ain’t mindfulness anymore.

TWO STRANDS TO ‘DROPPING ANCHOR’

Dropping anchor exercises (which I also often refer to as ‘expansive awareness’ exercises) are based on two sets of instructions:

a. *Expanding your awareness of what is here in the present moment.*

b. *Exerting self-control over your physical actions – breathing, physical movement, body posture, etc*

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a. *Expand awareness:* *acknowledge the presence of your difficult thoughts and feelings and at the same time notice what you see, hear, touch, taste, smell. (This is Not to distract from pain; but to notice that in addition to pain there is a lot happening here in the present moment; there is so much more present than these difficult thoughts and feelings that are currently dominating awareness).*

b. *Exert self-control over physical action:* *Move, stretch, change posture, sit upright, stand up, walk, sit down, breathe differently, push feet into the floor, push hands into the chair, push fingertips together, drink water, hug yourself, massage a tense spot, etc.*

Although in ACT such exercises are usually thought of as ‘contacting the present moment’, almost always they result in some degree of defusion. So ‘dropping anchor’ will almost always be my first line in targeting the most severe states of fusion.

NON-VERBAL INTERVENTIONS COME FIRST

Although these ‘dropping anchor’ exercises are usually classed under ‘contacting the present moment’ in ACT, almost always they result in some degree of defusion. (This is not surprising, as all 4 core ACT mindfulness processes are overlapping and interconnected.) When there is extreme fusion, therapists will need to do this kind of non- verbal grounding and centering work before they move on to more conventional defusion exercises.

So ‘dropping anchor’ or ‘expansive awareness’ will almost always be my first line in targeting the most severe states of fusion.

Indeed, these are usually the very first mindfulness techniques I teach to clients who suffer from emotional dysregulation, panic attacks, overwhelming grief, dissociative states, flashbacks, ‘anger management’ issues, and so on.

DROPPING ANCHOR

I'm going to give you a couple of scripts now, for creating 'dropping anchor' exercises – one for therapists to use with clients, and one for you to use on yourself. But please **don't stick to the script**; instead, modify and adapt it to make the exercise suitable for you.

This is especially important for therapists; don't robotically parrot the same script for every client – improvise around the script; modify and adapt it to suit the unique individual you are working with in this session.

In the script for therapists, I'm going to assume that your client is so overwhelmed they can't speak, so you don't actually know what the pain is they're struggling with.

Obviously, if the client can speak, it's good to ask them what's showing up - get an idea of the thoughts, feelings, memories etc they're fused with.

With clients, I often introduce this exercise with the metaphor of an emotional storm: "I can see there's an emotional storm inside you right now - and I want to help you deal with it. While you're being swept away by that storm, there's nothing effective you can do about the issues you're dealing with. So the first thing you need to do is drop an anchor. The anchor doesn't make the storm go away; the anchor holds you steady, until the storm passes in its own time."

If my sense is that the client is so fused, she won't be able to listen to what I'm saying or take on board this metaphor, then I'll just skip it and launch straight into the exercise.

Keep in mind you don't have to use this metaphor; you can talk about 'pain that you're struggling with' or 'difficult thoughts and feeling showing up for you' instead of an 'emotional storm'. However, the metaphor is very useful because dropping an anchor doesn't make the storm go away - it just holds the boat steady.

If your client says, "It isn't working" as you do the exercise, always ask what they mean. 99% of the time they mean "The storm isn't going away", "The pain isn't going". This shows they have misunderstood the purpose of the exercise. If we're using the metaphor of the storm and anchor, we can then gently and compassionately remind them, "Dropping an anchor doesn't make the storm go away - it just holds you steady. The storm comes and goes in its own time."

DROPPING ANCHOR:
SCRIPT FOR THERAPISTS

This is a script for therapists to use with clients. You should allow a good ten seconds between instructions. Give your voice a kind and calming quality.

- You're obviously experiencing a lot of emotional pain right now and I really want to help you handle it. So please follow my instructionsstruggling with this - and I want to help you handle it. So please follow my instructions.
- Push your feet hard into the floor.
- Sit forward in your chair, and straighten your back.
- Press your fingertips together, move your elbows, move your shoulders. Feel your arms moving, all the way from your fingers to shoulder blades.
- ***So notice, there's a lot of pain here that you're struggling with and...*** there's also a body around that pain – a body that you can move and control. Just notice your whole body now – hands, feet, back. ... Have a stretch. ... Press your feet down.
- Now also look around the room and notice 5 things you can see.
- And also notice 3 or 4 things you can hear.
- And also notice you and I, working here together, as a team.
- ***So notice, there's something very painful here that you're struggling with and...***
- Also notice your body in the chair ... move it... have a stretch... take control of your arms and legs.
- And also notice the room around you.
- And there's you and I here, working together as a team.

The therapist ends the exercise by asking questions such as:

- *Do you notice any difference now? Are you less caught up in the emotional storm (or 'these difficult thoughts and feelings')? Are you less 'swept away' or 'pushed around' by it/them?*
- *Is it easier for you to engage with me, to be present, to focus?*
- *Do you have more control over your actions - over your arms and legs and mouth?*

Note: the therapist does NOT ask if the storm/emotional pain has reduced or gone away - because this is not the purpose of the exercise.

MINDFULNESS VERSUS DISTRACTION

Notice how the therapist keeps referring to the pain that is present. The formula is:

- Notice your pain/feelings/emotional storm
- And notice A, and B, and C
- Notice your pain/feelings/emotional storm
- And notice D, E, F
- Notice there is something very painful here, **and** A,B,C,D,E, F

If the therapists fail to keep acknowledging the presence of the pain/feelings/ emotional storm, this will almost certainly turn into a distraction technique rather than a mindfulness technique

DROPPING ANCHOR
NOTES FOR THERAPISTS

- Indication: if and when the client is so fused (overwhelmed) that he is unable to effectively engage/participate in the session.
- If the client is in pain, but she is still able to be present, engage, participate in the session, then it's not necessary (although it can still be very helpful).
- NB: If the therapist uses 'dropping anchor' to try to stop the client crying, to distract her from pain, to reduce his anxiety etc, this is a misuse. The aim of dropping anchor is to help the client be present regain control of her actions, engage in and focus on what he is doing. It is not a method to distract from pain!
- Modify the script – use anything present (other than the 'storm' itself) – e.g. a glass of water, stretching arms out, slowing breathing, the sound of the air conditioner, etc.
- It goes for as long as needed, until the client is grounded, centered, engaged. You can repeat as often as needed.
- If your client is ready and able to talk, identify the elements of the storm first – i.e, ask the client what thoughts, feeling, emotions, memories are present. But if your client is too overwhelmed to speak, just go into the exercise.
- Debrief it afterwards

DEBRIEFING A ‘DROPPING ANCHOR’ EXERCISE

The therapist asks the client:

- Do you notice any difference now? Are you less caught up in the emotional storm (or ‘difficult thoughts and feelings’)?
- Are you less swept away or pushed around?
- Is it easier for you to engage with me, to be present, to focus?
- Do you have more control over your actions? Over your arms and legs and mouth?
- How could this little exercise that we’ve just done be helpful outside the room?
- Would you be willing to practice this?

DROPPING ANCHOR
A SCRIPT FOR YOURSELF

The therapist asks the client:

a. Silently and kindly acknowledge to yourself that you're hurting, you're in pain.

b. Push your feet hard into the floor.

c. Straighten your back; if sitting, sit forward in your chair.

d. Press your fingertips together, or stretch your arms, or shrug your shoulders.

e. Acknowledge the painful thoughts and feelings that are present, **and also notice...** there's a body around that pain – a body that you can move and control. So notice your whole body now – hands, feet, back. ... have a stretch. ... Press your feet down.

f. Now also look around the room and notice 5 things you can see.

g. And also notice 3 or 4 things you can hear.

h. And also notice what you are doing

i. So notice there are painful thoughts/feelings/memories here, and...

j. Also notice your body in the chair... move it, stretch it,

k. And there's a room around you.

l. And come back to what you are doing, and engage fully in the task or activity at hand.

Remember, you can practise these kinds of exercises, any time, any place, any activity. And it's a good idea to practise them often when you're less fused, so you can remember to use them when you are really fused!

All the best,
Cheers,
Russ Harris

Working with Anger

- Some powerful practical tips

PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris

ANGER

Therapists often ask me: *How do you work with 'anger' in the ACT model?* And my answer is: *"anger is a feeling... so we work with it much the same as with any other feeling."*

COMMON INTERVENTIONS INCLUDE:

- Values & goals, for motivation to do the hard work
- Clarifying 'how' anger is a problem
- Separate the emotion from the action
- Noticing & naming
- Normalising & validating
- Accepting
- Exploring
- Utilising
- Noticing how it changes
- Expansive awareness/ dropping anchor
- Acting flexibly with it
- Defusion
- Self-compassion

VALUES & GOALS

Even a little bit of work up front on values & goals can be useful to provide motivation to do the hard work. Ideally you will start gathering this kind of information on your first session. Remember these vitally important questions from your case formulation worksheet? If you spend time answering them, the work will go much more smoothly.

IF ANGER WAS NO LONGER A PROBLEM...

What would the client like to stop or start doing, do more of or less of?

How would he like to treat himself, others, life, the world, differently?

What goals would she like to pursue?

What activities would she like to start or resume?

What people, places, events, activities, challenges, would he like to start approaching rather than avoiding?

DECONSTRUCTING A “PROBLEMATIC” EMOTION

From an ACT perspective, no emotion is problematic in and of itself. An emotion, only becomes “problematic” (i.e. interferes with a rich and meaningful life) in a specific context: of fusion, experiential avoidance, and unworkable action.

In ACT, we aim to change such a context to one of defusion, acceptance, and values-guided action (i.e. a context of psychological flexibility). In this new context, the emotion is no longer “problematic”. To help us in this work, it’s often useful to “deconstruct” the context into “three elements”. We can then work with these “elements” one at a time.

In a context where an emotion has become “problematic”, we can expect to find some or all of the following elements (always #1 and #3, & often but not always #2):

1. Fusion
2. Experiential Avoidance
3. Unworkable Action

NB: The same applies to thoughts, feelings, memories, urges, sensations, schemas, narratives, cravings, withdrawal symptoms etc.

HOW IS IT A PROBLEM?

If we don’t know ‘how’ an emotion – fear, anger, sadness, guilt, anxiety, etc - is problematic for a client, it’s hard to know how to work with it. Often it’s useful for the therapist to say something like: “I get this emotion is a problem for you. I just need to know a bit more about how this is a problem for you; in other words, what is it getting in the way of?

How is it holding you back?

What is it getting in the way of?

What kind of things do you do when this feeling shows up, that make life worse?

If it were no longer a problem for you....

What would you stop doing or start doing, do more of or less of?

How would you treat yourself, others, life, the world, differently?

What goals would you pursue?

What activities would you start or resume?

What people, places, events, activities, challenges, would you approach, start, resume or contact - rather than avoid or withdraw?

SEPARATE THE EMOTION FROM THE ACTION

One key aspect of our work in ACT is to separate the urge, impulse, thought, feeling, emotion that is present (antecedent) from the action that accompanies it.

With anger, we want to help the client bring mindfulness to her emotion; respond to it with defusion, acceptance, contacting the present moment, so that it no longer controls her actions. This then enables the client to choose alternative, more values-congruent actions.

A useful phrase (please modify as desired): "You can't simply stop feelings of anger from arising. But you can learn new skills to handle them more effectively – so they don't control you, don't push you around. You can take the power out of them, so they come and go without pushing you around. This will give you a lot more self-control; you'll have a lot more control over what you say and do when anger shows up."

NOTICING ANGER

Just as with any emotion, feeling, sensation, the aim is to notice ‘anger’ with curiosity and openness. We can ask clients:

Where is it located in the body? Where do you notice it most?

If a client says it’s ‘all over’, we can ask her to explore her body, bit by bit:

Where is the anger greatest?

Where it least? Is it in your fingers? Is it in your thumb? Is it in your wrist/forearm/ elbow/ etc.

(Note: This is a simple way of introducing a step-by-step body scan.)

We can also ask:

What is the size, shape, outline, temperature?

Is it ‘at the surface’ or ‘deeper inside’?

Is it moving or still?

Are there hot spots, cold spots, vibrations, pulsations etc?

NAMING ANGER

Just as with any other emotion, feeling, sensation, the aim is to non-judgmentally name it - e.g. “Here’s anger” or “I’m noticing anger” or “I’m having a feeling of anger”

Of course, anger has many relatives: impatience, frustration, irritation, annoyance, rage etc. It’s good to help clients increase their emotional literacy; name a range of different ‘shades’ or ‘varieties’ of anger, not just calling it all ‘anger’.

At times, we may initially just use the client’s language as a starting point, e.g. “A feeling of wanting to punch someone”. The client isn’t naming an emotion as such – rather he is naming an urge or a desire – but it’s a good starting point for noticing and naming private experiences correlated with his anger.

At other times we may use client’s own metaphors as a starting point e.g. a “hot fire” or a “red hot coal” in the chest. We can then segue into naming this as “anger”.

IF CLIENTS CAN'T NOTICE THEIR OWN ANGER?

Occasionally a client can't even notice their feelings of anger. This is common in dissociative states, for example. With such clients we'd initially need to work on general body awareness – ultra quick body scans, etc.

Over time, we'd build up the skills to be able to tune into the body more, and consciously access the many sensations and feelings in there.

NORMALISING & VALIDATING

We acknowledge that anger is a common and natural response for people. We talk about its evolutionary origins – the fight part of a fight-flight response.

We defuse from unhelpful stories about it.

We facilitate self-compassion: help clients to acknowledge that it's difficult to have this anger, and help them to treat themselves kindly.

Kind self-touch exercises are especially valuable for this – laying a hand gently on top of the anger, and 'sending kindness inwards', etc.

ACCEPTING ANGER

We can ...

- breathe into it,
- make room for it,
- hold it gently,
- allow it to be there,
- allow it to freely come, stay and go, as it chooses

We can use any acceptance technique, practice or method we like. I am a big fan of ‘physicalizing’, where we imagine the feeling as a physical object in the body:

What is the shape, size, colour, texture, temperature, surface, weight, texture? Is there any movement, vibration, pulsation?

EXPLORING ANGER

We rarely if ever just have one feeling. With any feeling that is present, it’s useful to explore: Are there any other feelings in there? What else can you notice?

After the client has accepted the feeling of anger, it’s often helpful to ask: Is there maybe another feeling underneath it? Can we explore? Can you see if you can ‘peel back’ the top layer, and see if there’s maybe something beneath?

Of course, sometimes we won’t discover anything ‘underneath it’ except more anger. But at other times, we ‘find’ painful emotions ‘beneath the surface’: anger, fear, sadness, guilt, shame etc.

We can then work with these emotions just as with any other ones: notice, name, validate, normalize, acceptance, self-compassion, etc.

FEELINGS & EMOTIONS ARE USEFUL

In ACT, we want to explicitly convey to all clients that our feelings & emotions; that even the most painful and difficult ones give us important information, which we can make good use of. So it's often useful to share with clients the following information about feelings & emotions:

They often remind us of what is important to us, what matters to us.

They often alert us to issues we need to address: problems and challenges and 'reality gaps', changes we need to make in our life, changes we need to make in the way we treat ourselves and others.

They can inform our decision-making, enhance our intuition, enable us to make wiser choices.

They can alert us to threats or opportunities outside of conscious thought.

So once a client contacts anger – and/or other emotions/feelings "beneath" the anger - we can start looking at how to make good use of them, as follows...

UTILISING OUR FEELINGS

Useful questions for just about any feeling or emotion include:

What does this feeling/emotion tell you really matters to you?

What does this feeling/emotion remind you that you need to address, face up to, take action on?

What does this feeling/emotion remind you about the way you want to treat yourself/ treat others?

What does this feeling/emotion tell you that: you've lost/ you need to be careful about/ you want to stand up for/ you deeply care about/ you need to deal with?

What does this feeling/emotion tell you about the way you'd like the world/ yourself/others/life to be?

Note how these questions can easily segue into values and committed action. For example, after exploring the previous question we could ask: What kind of things can you do to help the world/ yourself/others/life to be more like the way you want it?

NOTICING HOW IT CHANGES

With any feeling or sensation or emotion it can be useful to do self-as- context work. We can ask the client to use “that observing self part” or use “the part of you that notices”, to step back and watch this feeling.

Then we can ask him to notice how the feeling changes over time. For example, we might ask him to check in every few minutes and notice the feeling’s size, shape, location, temperature etc. We can also ask him to notice the effects on it of breathing, stretching, moving, grounding & centering, connecting with values, mindfully drinking a glass of water, etc.

We might add at times comments to enhance the self-as-context experience: “And notice, your feelings and sensations are changing all the time; but the part of you that notices is unchanging, always there, always available.”

We can also ask clients to practice noticing these changes between sessions – and to be alert for other feelings, emotions that may show up – and to notice what those new feelings & emotions are, and when they occur, during what activities or situations etc.

ACTING FLEXIBLY WITH ANGER

With any thought, feeling, sensation, emotion, urge, image, or memory, it's useful for the client to experience he can act flexibly with it; he doesn't have to wait until it's gone, and nor does he have to let it control his actions (i.e. he doesn't have to do what it 'tells him to do'.). He can act, guided by values, even with the feeling, sensation, emotion or urge present.

This is usually most powerful when done as experiential work, and least effective when discussed in an intellectual or didactic manner (where it often ends with the client insisting it's not possible).

One simple way to make this experiential for the client is to get her physically acting while the feeling is actually present in session; get her taking control of her arms and legs - stretching, shifting position, mindfully walking, mindfully eating or drinking, kind self-touching etc. The client then actually experiences that even with the feeling present, she can still exert control over her actions.

EXPANSIVE AWARENESS (DROPPING ANCHOR)

With any feeling or sensation or emotion it can be useful to expand awareness: As well as this feeling of XYZ, what else can you notice? Can you notice any other feelings, sensations, thoughts, memories, images, urges? Your body posture? The room around you? What you can see, hear, smell, taste, touch?

We can then work on expansive awareness: "So notice, there are more feelings present in your body than just anger. See if you can expand your awareness now – keep your anger in the spotlight, but also bring up the lights on these other feelings."

DEFUSION

Often, emotional states – and the unworkable actions that accompany them - are fueled or amplified by fusion with rules, reasons, judgments, past, future or self. It's often useful then to work on defusing such cognitions.

When working with anger & aggression, we commonly find fusion with a lot of:

a. harsh judgments about myself, others, or the world
b. rigid rules/beliefs/ideas about how I, others, or the world SHOULD or SHOULDN'T be, and what's RIGHT or WRONG.

It's often useful to do defusion with these, using 'workability' as your starting point for leverage. If aggression is the main issue, then expect to explore this idea: Aggression often works in the short term to get your needs met, but does it work in the long term to give you the life you want, especially the kind of relationships you want? If you hold on tightly to these thoughts, let them guide you – what direction does that take your life in the long term – better or worse?

SELF-COMPASSION

Whenever clients suffer from or struggle with any type of difficult thought, feeling, emotion, memory, urge, impulse, craving, sensation etc., self-compassion work is helpful.

We can help our clients to:

- Acknowledge their pain/suffering/ difficulty/discomfort
- Validate their pain/suffering/difficulty/ discomfort
- Make room for their pain/suffering/ difficulty/discomfort
- Unhook from harsh self-criticism,
- Treat themselves kindly, and
- Experience connectedness with others.

We can, of course, do this just as readily with anger as with other emotions. (Indeed, at times when clients respond self-compassionately to anger, it 'lifts' – and the pain 'beneath' it 'rises to the surface'.)

Helping Clients to Defuse from Their Own Barriers to Therapy

PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris

REASONS WHY THERAPY WON'T WORK.

Many clients naturally come up with all sorts of reasons as to why therapy won't or can't work for them. For example: I've tried before, I can't do it, it's too hard, this is bullshit, I've always been this way, this is who I am, I'm too depressed, I'm too anxious, I'm an addict, I've been diagnosed with X, my life is Y, other people are Z, I'm too A, I'm not B enough, therapy is useless, this won't work, you can't help me because of CDE, I have disorder FGH, I've got no motivation (or energy, or willpower, or discipline), I've been permanently damaged by IJK and can never recover, etc.

Luckily, in ACT, we don't get into challenging the content or validity of cognitions: i.e. assessing whether they are true or false, valid or invalid, positive or negative, right or wrong, appropriate or inappropriate, warranted or unwarranted. If we had to try to convince clients that their doubts about therapy are false, invalid or unwarranted, we'd be in trouble!

Doubts about therapy are perfectly natural, and only to be expected. However, if clients (or their therapists) fuse with these doubts, it will get in the way of effective work. Thus, such cognitions are good candidates for defusion, right from the word go. So let's take a look at how we can make this happen.

NOTICE & NAME

I aim to create, as fast as possible, a context of defusion: a space where we can allow unhelpful cognitions to be present, and see them for what they are. I also want to facilitate a context of acceptance, where there is no fighting with or challenging of thoughts; no trying to invalidate or get rid of them.

My first step is generally to use the simple but effective strategy of ‘noticing and naming’: noticing the presence of cognitions, and non-judgmentally naming them. For example, I might say: “I can see there’s a bunch of thoughts (or concerns, worries, doubts, fears, objections, etc.) showing up for you right now about why this won’t work for you.”

VALIDATE

As therapists, it’s vital that we validate such cognitions. They are commonplace - both amongst clients that are new to therapy and those that have experienced a lot of it. And they are completely normal and natural thoughts to have.

So I tend to say something like:
“Those are all very common thoughts (or concerns, worries, doubts, fears, objections, etc.). Many of my clients have similar thoughts when we first start working. It’s perfectly natural. And to be honest, I expect they’ll crop up again and again.”

YOUR MIND IS TRYING TO HELP YOU.

A big part of both defusion and acceptance in ACT is helping clients to understand that their mind is not irrational, weird or defective; it's basically just trying to help. This is both normalizing and validating for clients.

I tend to say something like, "These thoughts are basically your mind trying to look out for you, do you a favour. It's basically trying to save you from something that might fail or go wrong or be unpleasant. What your mind is saying is:

> *just 'Hey, be are wasting you sure your you time, want money to do and this? energy. You might This might even make things even worse for you.'*

And you know, the truth is, there's probably nothing I can say that will stop your mind from doing that. It's just doing its job - just trying to protect you."

NO GUARANTEES - OR ARE THERE?

I then, quite often, say something like this:

"You know, there's a part of me that really wants to reassure you; to say, ***'Hey! This will work for you!'*** *But the truth is, I can't guarantee that it* ***will*** *work. And if you ever go to any type of health professional who guarantees you* ***'This will work!'*** *– my advice would be, don't go back – because they are either lying or deluded. Because no one can ever guarantee that."*

"I mean, sure, I could show you all the research. I mean, there's over a thousand papers published on the ACT model; it's helped hundreds of thousands of people around the world. But that wouldn't guarantee it will work for you. And I could tell you about all my other clients it's helped – but again that won't guarantee it will work for you."

"But there are two things I will guarantee. I guarantee I'll do my best to help you. And I guarantee, if we give up because your mind has doubts, we won't get anywhere. So even though your mind will keep coming up with reasons as to why this can't or won't work for you – can we go ahead with it anyway?"

By this point, many clients will be unhooking from their doubts, concerns, objections, and other barriers to therapy. But what if this isn't happening? What if the client continues to insist that therapy can't or won't help? I'm so glad you asked...

THREE CAUTIONS

Before we go any further, there are three important cautions to keep in mind:

First, as for any type of intervention in any model of therapy, the therapist must be compassionate, respectful, and incredibly validating of the client's experience. If the techniques described in this document are delivered in a dismissive, impatient, uncaring or otherwise-invalidating manner, this will obviously offend or upset the client. (And of course, this holds true for any type of intervention in any model of therapy!)

My second caution is about language. Please: don't stick to the script! The idea is to modify and adapt everything in ACT to suit your own way of speaking and working. The words I like to use may be vastly different to the words you'd prefer use; if so, please change them! Mix, match, adapt, modify, add more or cut back.

In other words, make ACT your own; do it in your own way, true to your own personality, and your own manner of speaking.

My third caution is: there is not one intervention in any model of therapy that works predictably and favourably with all clients. So if you apply anything from this eBook (or from any other material I have written) and it's not having the effect intended – then be flexible. Consider: do you need to modify what you're doing in some way? Or are you better to cease doing it, and do something else instead?

DANGER
CAUTION
ANGE

WRITING THOUGHTS DOWN

Now, if the previously mentioned strategies fail to help the client unhook from her objections, doubts, concerns or other thoughts that act as barriers to therapy, my next step is very often to write those thoughts down. Doing this usually makes it a whole lot easier for any of us to 'take a step back' and 'look at' our thoughts - instead of 'getting caught up' in them.

Typically I ask for permission to write the thoughts down: "So you have some real and valid concerns about whether this will work for you. And I think we need to address these concerns right now, or we're not going to get anywhere. So is it okay if, as a first step, I quickly jot them all down, so I can make sure we address them all?"

And now I write the thoughts down – every objection or concern the client has about why this won't work: I've tried before, I can't do it, too hard, this is bullshit, I've got diagnosis ABC, I'm too depressed, my life is V, other people are Y, I'm too X, I'm not Y enough, etc.

And as I'm doing this, I'll repeat some or all of my previous comments: *I just want to reiterate, these are all very common … Many of my clients have similar thoughts when we first start working ... It's perfectly natural – your mind is trying to help, to save you from something that might be unpleasant … So really, we can expect these kinds of thoughts to keep cropping up, again and again.*

I often then say: "You know, I don't think I'll be able to persuade you or convince you that this approach is the right for one you; that it's going to work for you. In fact, my guess is, the harder I try to convince you, the ***more*** those thoughts are going to show up. What do you think?"

At this point, most clients will reply along the lines of: Yeah, I guess you're right. (And often there's a hint of amusement in this response, which is usually indicative of some defusion.) The door is now wide open to usher in the concept of workability.

WORKABILITY

Following the previous step, I usually say something like:

"So here's the thing. These thoughts *(pointing to the thoughts written on the paper)* are going to show up again and again and again as we do this work together. I have no idea how to stop that from happening. And each time they do, we have a choice to make about how we respond to them."

"One choice is: we give up. We let your mind call the shots. Your mind says ***This won't work*** - so we go along with that, we call it a day and we pack it in."

"A second choice is: we get into a debate. I try hard to convince your mind to stop thinking this way; I try to prove your thoughts are false and to convince you that this approach will work. The problem is, that kind of debating will eat up our valuable session time, and I can pretty much guarantee your mind will win the debate anyway - so we won't be any better off."

"A third choice is: we can let your mind say this stuff, and we can just carry on ... we just keep on working together as a team ... working away here, to help you build a better life ... and even though your mind will keep saying all this *(pointing to the thoughts on the paper)*, we just keep on working."

Finally, I ask: "So which of those options would you prefer?"

OPTION 3 = DEFUSION

If our client now agrees to option 3 – well, that's defusion, right there: the thoughts are present but they are no longer dominating the client's behaviour in self-defeating ways. And the client is also consciously allowing the thoughts to be present: a gentle first step towards acceptance of unwanted thoughts.

If our client now comes up with more objections, we can add them to the list, and then repeat the same three choices.

If our client tries to debate, we can notice and name it: "So it seems like you want me to debate this with you. But there's just no point. I won't win. I won't convince your mind. So we really have just two choices here – give up and pack it in, or let your mind say this stuff and carry on." If the client now agrees to option 3 – again, that's defusion, right there!

I've only ever twice had a client choose option one. Both times, I replied: "Okay. I get that's the choice you'd like to make. But given that you're already here, it seems a shame to give up now. Can we at least finish this one session, given you're here? And for this one session, can we not get into a debate about these thoughts? Can we just let your mind say this stuff, and carry on?" Both times, the client agreed. (Obviously, this strategy may not work with a mandated client – but that's a different issue, beyond the scope of this eBook.)

ONGOING DEFUSION

The therapist can now use this for ongoing defusion and acceptance, throughout the session. For example, when new objections occur, the therapist can write them down and again ask the client to choose how to respond.

If the same objections recur, the therapist can respectfully and compassionately acknowledge it – and point to the paper: "We've got that one down already. So again, there's a choice to make here..."

An alternative to the above is to give the sheet to the client with a pen, and ask her to tick each thought as it recurs. The therapist can respectfully and compassionately acknowledge it each time. "Keeps showing up. So do we give up, or waste time debating, or do we acknowledge the thought just popped up again and carry on?"

One option is for the therapist to keep the paper, and on the next session, present it to the client: "I expect these will all show up again today. Any of them showing up right now? Most of them? Cool. Can we let them be there, and carry on? Great. And let's see if your mind comes up with any new ones today."

THE REASON-GIVING MACHINE

Note that the strategies outlined above fit very neatly with the classic ACT metaphor about the mind being a ‘reason-giving machine’. *(Our mind is like a reason-giving machine. As soon as we even think about stepping out of our comfort zone into a challenging situation, the reason-giving machine starts cranking out all the reasons why we can’t do it, shouldn’t do it, or shouldn’t even have to do it ...)*

“Reason-giving” (coming up with reasons for why we can’t or shouldn’t change our behaviour) is one of the main categories of problematic fusion we encounter in ACT. So in using the strategies above, the therapist is already helping the client to notice & name “reason-giving” and defuse from it.

NOTE HOW MUCH WE'VE COVERED!!

So notice just how much we've covered here in terms of defusion. We now have a wealth of strategies to draw on repeatedly and develop further in subsequent sessions.

And note too that any or all of this could be done on the very first session, even as we're getting to know the client, taking our initial history and formulating a treatment plan.

I'd love to hear how you apply or modify the methods outlined in this eBook - and how your clients respond. If you're willing to drop me a line, please email:

support@ImLearningACT.com

Good luck with it all,
All the best,

Russ Harris
www.ImLearningACT.com

Working with Dissociation

- Some powerful practical tips

PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris

DISSOCIATION

Dissociation is a poorly-defined term that refers to detachment, separation or ‘splitting off’ from aspects of reality – from the inner world of thoughts and feelings, from the external world, or both.

Probably the most common dissociative behaviours we encounter in therapy are emotional numbing: limited awareness of and ability to contact feelings, emotions, sensations. This is commonly associated with a sense of numbness, “emptiness” or “deadness” in the body.

MORE SEVERE PRESENTATIONS

Less commonly, we encounter:

Derealisation: a sense that the external world is unreal, or lacking in emotional colour or depth

Depersonalization: a sense of estrangement form one’s own body, thoughts and feelings

Dissociative identity disorder: two or more distinct and relatively enduring “identities” (i.e. dissociative personality states) are experienced as controlling someone’s behaviour, accompanied by significant memory impairment. (This was formerly known as “multiple personality disorder”.)

DISSOCIATION - WHAT IS IT?

In ACT terms, dissociation is a type of “experiential avoidance” (i.e. the ongoing attempt to avoid or get rid of unwanted private experiences, such as thoughts, feelings, memories, etc).

Dissociative behaviours generally serve at least one common purpose – to escape, avoid or get rid of unwanted private experiences, such as fear, terror, anxiety, dread, painful memories, unpleasant thoughts, painful sensations etc.

Dissociative behaviours may also serve other purposes, of course.

DISSOCIATION

We aim to always normalise and validate dissociative behaviour; to explain it is “a normal response to abnormal situations”.

We aim to clarify: people don’t choose to dissociate. It is an automatic, unconscious, involuntary response.

We might say something like: “It is your mind & body trying to protect you from the fear and horror and pain of harmful, dangerous or intensely painful events.”

We link this to the client’s history of trauma, abuse, neglect, etc. We help him to see how dissociation helped him to survive these difficult events.

IS IT STILL HELPFUL?

Having validated and normalised dissociation, and explained its main purpose, we can go on to explore:

a. In the past it was helpful to dissociate; it protected you from the horror/terror/ pain/hurt of whatever was happening in your life. This helped you to survive. This was your nervous system protecting you!

b. In the present, dissociation still helps you to escape painful thoughts and feelings, emotions and memories. But what does it cost you? Is it making your life richer in the long term, or poorer?

WORKABILITY

Remember the core ACT theme of "workability"?

This entails asking (in many different ways) the question: Is this working to give you a rich, and meaningful life?

If the answer is "yes", it's workable. If the answer is "no" it's unworkable.

Unfortunately, what works in the short term to help us avoid pain often doesn't work long term to make our lives rich and full.

If client says dissociation DOES work to make her life richer, fuller, more meaningful, then as an ACT therapist we would accept that, at least for the time being. Rather than debating the issue or trying to convince the client, we would instead get clear about what the client wants from therapy.

If as therapy progresses, it is evident to the therapist but not to the client, that dissociative behaviour is creating problems in the client's life directly related to what the client wants from therapy, the therapist should compassionately and respectfully share this with the client, and draw out the connection. The therapist should be crystal clear about how dissociative behaviour is interfering with the client's therapy goals.

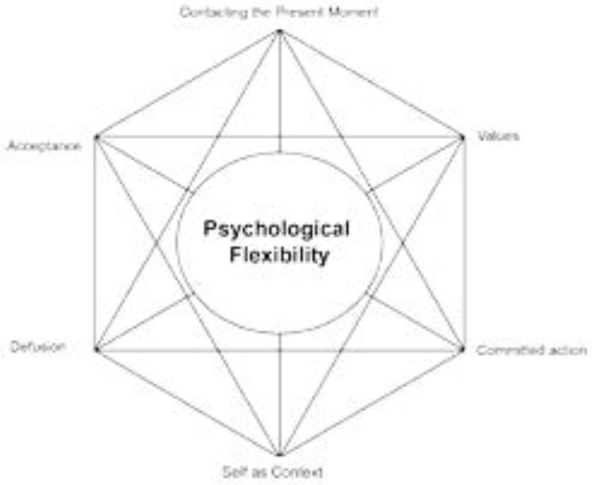
If and when the client recognizes dissociative behaviour as a problem – i.e. that it is getting in the way of creating a rich and full life (even though it helps to escape pain in the short term) – the therapist and client can begin to overtly and explicitly work on it in session.

There are many ways to do this. The following ideas are to give you food for thought. Please come up with your own ideas, and modify all suggestions to suit your clients and your way of working.

MINDFULNESS VS DISSOCIATION

Dissociation involves a "turning away" from unpleasant aspects of reality in order to avoid pain. It is an inflexible, automatic, involuntary behaviour.

At the top of the ACT hexaflex or triflex is "contacting the present moment". This process at the heart of all mindfulness, & the first step in defusion and acceptance. It involves "turning towards" some aspect of reality with openness and curiosity – whether it is pleasant or painful. Unlike dissociation, this is a flexible, conscious, voluntary behaviour.


Contacting the Present Moment
Acceptance
Values
Psychological Flexibility
Defusion
Committed action
Self as Context

INFORMATION WE NEED

a. What does the client do when dissociating? What does it look & sound like on a camera?

b. When and where does she dissociate? What thoughts, feelings and situations 'trigger' it?

c. How does she "come out of it"?

d. Is he ever able to notice it "coming on", and/or able to prevent it? If so, how?

e. Does anything else (apart from escaping pain) reinforce it? E.g. does she get extra care or attention from others? Does he get certain needs met?

GET PRESENT

Dissociation = “turning away” or “splitting off” from aspects of reality for the primary purpose of avoiding pain. It is automatic, unconscious, inflexible.

Contacting the present moment = “turning toward” aspects of reality - whether they are painful or pleasant - with flexibility, openness and curiosity. It is the opposite of dissociation: consciously chosen, voluntary, and flexible.

So begin building your client’s capacity to contact the present: to turn towards reality with flexibility, openness and curiosity. In other words: help him to “get present”.

GOLDEN OPPORTUNITY

If your client exhibits dissociative behaviour in session, that is a golden opportunity for you to model, instigate, and reinforce relevant ACT processes.

If your aim is to help your client develop new skills, to handle dissociation more effectively, then obviously it’s far more useful to actively work with dissociative behaviour as it happens in the session, than to chat about what happens outside the therapy room.

FOR SEVERE DISSOCIATION FIRST THINGS FIRST!

Do you work with clients who have severe or extreme dissociative reactions? If so, right from the word go, agree with such clients on a strategy you can use to “bring them back into the room” if they should ever go into a dissociative state where they completely lose contact with you.

For example, with a few severe cases, I have had to use smelling salts under the nose to “bring the client back”. With other clients I have arranged to gently tap their knee with a rolled up magazine, or to gently kick the side of their chair, or to wave a hand in front of their face, or to shout their name.

MINDFULNESS OF THE EXTERNAL WORLD

How can we build our clients capacity to turn towards aspects of reality with openness and curiosity?

For more severe dissociative states, (and more experientially avoidant clients in general), it is easier to start with mindfulness of the external world, outside the skin. We can ask our clients to notice their environment using the five senses: **What can you see, hear, touch, taste, smell?**

For example, we can practice activities in session such as: mindfulness of sounds in the room, mindfully drinking a glass of water, mindfully looking out of the window, mindfully touching the material of your jacket, mindfully smelling a flower, mindfully going for a walk outside the building and noticing all the different things you can see & hear & touch & taste & smell.

MINDFULNESS OF THE BODY-WORLD JUNCTURE

It is also very often useful to do mindfulness of the body at its juncture with the external world (as opposed to going inside the body to the confronting world of thoughts and feelings).

E.g. We might ask a client to, “Push your feet into the floor, and notice them touching.”

We might ask a client to: “Touch the chair beneath you or touch the clothing on your body... and feel the texture of the surface... and feel your hand touching it.”

MINDFULNESS OF THE BODY'S SURFACE

Clients that are "numb" inside the body are often able to notice changes at the surface of their body: tears on their face, hotness in their cheeks, coldness or tingling or pallor in their fingers, sweatiness in their palms, the movements of their ribcage.

We can ask the client to mindfully notice these things.

TURNING AWAY, TURNING TOWARDS

Dissociative clients typically “turn away” from the feared emotions, feelings, urges and sensations that show up inside their body, but often they are able and willing to “turn towards” harmless physical sensations in the body, such as those created by stretching or tensing muscles.

Thus it’s often useful to ask clients to stretch, and mindfully notice the feelings of stretching.

Or to push their feet hard into the floor, and notice the tension in their thigh muscles, as well as their feet against the floor.

Or to firmly push their palms together, and as they do so, to feel the muscles tensing in their forearms, upper arms, shoulders, etc

POSTURE & MOVEMENT

It’s also often useful to practise noticing body posture and physical movements.

We can ask the client to experiment with sitting in different ways – e.g. slouched versus upright, or legs crossed versus uncrossed – and to notice their posture and notice any effects of changing it.

We can also ask the client to move – stretch, walk, stand, sit, stamp feet, rub hands together – and to mindfully notice these movements.

EXPAND CONTACT WITH THE PRESENT

The idea of "Dropping Anchor" is to expand contact with the present moment. There is pain here, so let's acknowledge it; and there's plenty of other stuff here aside from pain, so let's acknowledge that too.

NB: If we don't first acknowledge the pain that is present, the exercise probably won't serve it's intended purpose; it will likely just function as a distraction technique (trying to forget about the pain that is here).

Expect to have the conversation with clients about the difference between distraction (turning away from something, to reduce or avoid pain) and mindfulness (turning toward something, so you can be more present, engaged and connected, with a lot more choice over how you behave).

We need to be very clear in our own mind about this distinction, or we will likely send mixed messages to our clients.

DROPPING ANCHOR

The "Dropping Anchor" exercise is an excellent first step for switching out of dissociative mode into mindfulness mode.

To download a copy of the exercise: click here

NB: MODIFY THIS SCRIPT AS DESIRED.

Remember: you can ask the client to focus attention on anything you like – her breathing, the view out of the window, the sound of the air conditioning, etc. Pause liberally, and make the exercise as long as it needs to be, in order to ground or center the client. In cases of extreme dissociation, this could go for ten minutes or even more!

MINDFUL BREATHING

What of mindful breathing? Some clients find it very helpful; others don't. Some clients hate any exercise that focuses on the breath. Indeed, for some clients, focusing on the breath actually triggers high anxiety.

Therefore, I rarely if ever use mindful breathing early on in therapy with dissociative clients. Our safest and most effective options for mindfulness in early sessions are generally mindfulness of the external world, mindfulness of changes at the 'surface' of the body, mindfulness of body posture and movement, and mindfulness of strong but harmless physical sensations, such as stretching, or controlled tensing and releasing of muscles.

MOVEMENT

When clients “freeze up” (become speechless and/or immobile) in session, it’s useful to get them moving. We can ask them to move their arms and legs, to stretch their arms, to stamp their feet, to nod their head, etc.

This builds behavioural flexibility. When we witness the client “freeze” in the presence of a difficult thought/feeling/emotion, what we are seeing, in other words, is their behaviour becoming rigid: in ACT- speak, a narrow, inflexible repertoire of behaviour. We can help the client learn that he can still move; he can take control of his arms and legs even in the presence of this painful private experience. In doing so, his behaviour becomes broader and more flexible. And of course we can ask him to mindfully notice his movement, and the effects it has.

NEXT STEPS

Once the client is adept at turning towards less-confronting aspects of the present moment, as in the previous examples, we can then turn towards some more confronting aspects of the present moment. We can help her to start noticing - with flexibility, openness and curiosity - the difficult thoughts, feelings, emotions, images, sensations, urges, or memories that they have been turning away from, and to respond more flexibly in the presence of these private experiences.

You may recognise what we are doing here: “exposure”.

GRADED EXPOSURE

ACT is an exposure-based model. (We look at exposure in depth in the ACT & Mindfulness for Trauma course).

When we mindfully turn towards difficult thoughts, feelings, emotions and memories, which normally narrow our behavioural repertoires in unhelpful ways – and we do so in a conscious, deliberate, organized way, with the primary aim of increasing our psychological and behavioural flexibility – the technical name for this is “interoceptive exposure”.

“Graded exposure” means we take the exposure in steps: starting with stimuli that are less challenging, and then stepping up to stimuli that are progressively more challenging.

POSTURE & MOVEMENT

In ACT, we do values-guided exposure. We’d never encourage clients to expose themselves to repertoirenarrowing stimuli unless it were in the service of living their values.

We should keep this in mind when working with any client high in experiential avoidance. If the client doesn’t see how the scary or painful work of “turning towards” those difficult thoughts and feelings (that they usuallytry so hard to avoid) will help them to build a richer, fuller life.... well, naturally she will resist the work. (Wouldn’t you?)

The “pushing away paper exercise” helps make this connection very powerfully.

To download the exercise: click here

THE FEARED INNER WORLD

So once the client is adept at mindfulness of less-confronting aspects of reality, we can then turn towards more-confronting aspects of reality: the thoughts/feelings/emotions/memories they are turning away from.

For clients who tend to 'go numb' a useful next step then is ultra-quick body scans, focusing on some or all of the body. We could start with 30 seconds, and build up gradually to as long as desired. Over time, as the client's mindfulness skills develop, we may even build up to 20 or 30 minute long body scans - if it seems helpful and desirable.

If a client scanning her body reports only 'numbness', then we could ask her to mindfully notice the numbness, just as for any other sensation. We might also consider creating sensations for her to feel, by stretching or contracting muscles, etc.

NAMING FEELINGS

Many clients with high levels of experiential avoidance also have ‘alexithymia’: the inability to name their feelings/emotions. This is a significant skill-deficit.

So we want to help the client not only notice, but also name his emotions, feelings. We can do this in much the same way as we would teach this skill to a child. We might say, “So right now, your voice is raised, and your fists are clenched. What do you feel like doing right now? Okay, so you want to shout, yell, lash out? Okay, so what you’re feeling right now is ‘anger’.”

A useful approach is to teach the client some basic emotions first – sadness, anger, fear, guilt, joy, love – and then over time, expand their repertoire.

RECOGNISE TRIGGERS

While developing these skills, we also aim to help clients become more mindful to “triggers” for dissociation – both in session and outside of sessions.

The “triggers” (technically called the “antecedents”) can vary enormously. They can be external triggers - people, places, events, situations – or internal triggers, such as thoughts, feelings, sensations and memories.

We can help clients to practise mindfully contacting the present – dropping anchor, expanding awareness - as a useful first response to such triggers.

NEXT STAGE

The next stage is to gradually elicit feared private experiences in session – thoughts, feelings, emotions – and practice noticing and naming them.

(Remember noticing and naming is the first stage in both defusion and acceptance.)

If the client goes ‘numb’, we can help her to notice and name the numbness; to observe it mindfully; to accept the numbness, and be self-compassionate.

And of course, if the client ever dissociates, we can quickly bring him back to the present moment with the grounding and centering skills we helped him to develop at the outset of therapy.

ACT & MINDFULNESS FOR TRAUMA

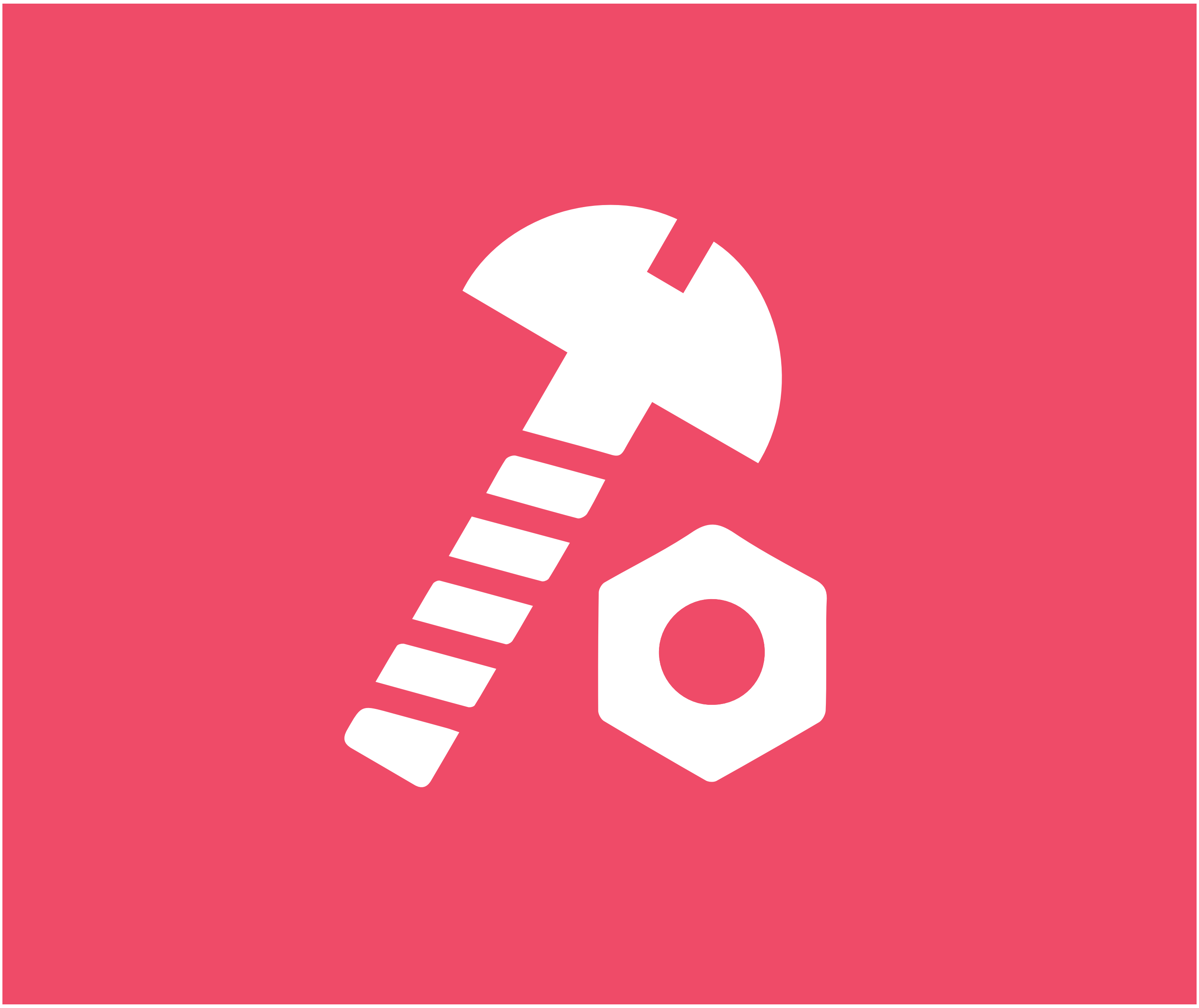
To heal from any kind of trauma requires incredible courage and commitment, and ACT is the perfect model to help your clients along on their journey of post-traumatic growth.

So if you'd like to know more about any of the topics covered in this eBook, you may like to enroll in my new online course, ACT for Trauma. There you'll see a diverse range of therapy sessions, and we'll go step- by-step through all these processes, exploring them in depth.

I hope you've found these tips helpful, and I'd love to hear about creative ways you apply them with your clients.

Good luck with it all,
Cheers,
Russ Harris

www.ImLearningACT.com



Nuts and Bolts of Creative Hopelessness

PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris

CREATIVE HOPELESSNESS

Nuts and Bolts of Creative Hopelessness (CH).

Think of CH as part of acceptance work. The aim of it is to open people to the "agenda of acceptance". CH is an optional part of the ACT model. We use it if we suspect or know a client is clinging tightly to the "agenda of emotional control": In order to have a good life, I need to control how I feel: to get rid of unwanted thoughts & feelings, and replace them with more desirable ones.

Clients clinging tightly to this so-called "control agenda" are high in experiential avoidance (and vice-versa) and therefore likely to resist or misunderstand the "acceptance agenda": allowing your thoughts and feelings to be as they are in this moment (whether they are pleasant or painful, wanted or unwanted); neither struggling with them nor getting swept away by them; allowing them to come and stay and go in their own good time.

There are many CH interventions, and they all hinge on the concept of workability. They all involve exploring, with openness and curiosity, the agenda of emotional control – and assessing whether clinging tightly to this agenda this works in the long term to build a rich and meaningful life.

The aim of CH is to create a sense of hopelessness in the agenda of emotional control. Not hopelessness in one's life, or one's future – but hopelessness in pursuing this agenda. An alternative term in ACT is "confronting the agenda".

Who Needs CH?

We don't need to do CH with clients if they are open to the agenda of acceptance. (However adding it in can facilitate the acceptance work.)

But we definitely need to do CH with clients if they resist, oppose, or don't understand the agenda of acceptance.

As a general rule, if clients present with a disorder that is named after an unwanted, unpleasant private experience – e.g. "anxiety disorder" or "chronic pain syndrome" – we can expect we'll need to do CH up front - because such clients will be coming to therapy primarily to get rid of their anxiety, or chronic pain.

First Things First

Before starting CH we want to get clear about the private experiences the client is struggling with.

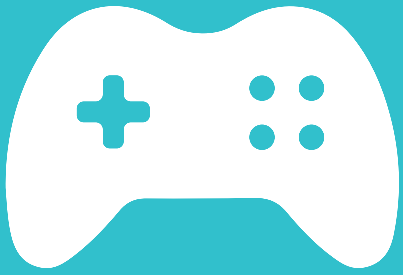
What thoughts, feelings, emotions, sensations, urges is she wanting to avoid or get rid of?

E.g. is he wanting to get rid of anxiety, sensations of physical pain, sadness, anger, guilt, shame, feeling unworthy, traumatic memories, urges to smoke or drink, withdrawal symptoms, feelings of inadequacy, thoughts about being fat or stupid or ugly or bad or unlovable?

Note “depression” isn’t a thought or feeling. Nor is “grief”. Nor is “low selfesteem”. We want to know about the many different thoughts, feelings, memories, sensations, etc that these terms refer to.

In the pages that follow the letters XYZ refer to any combination of thoughts and feelings the client doesn’t want to have.

STEP 1



What have you tried?

In step 1, we explore: What are some of the main ways you've tried to avoid or get rid of XYZ? Most clients will need prompting to remember all the different things they've tried. I use the acronym DOTS to help myself remember the 4 broad categories of experiential avoidance:

- Distraction
- Opting out
- Thinking
- Substances, self-harm & other strategies

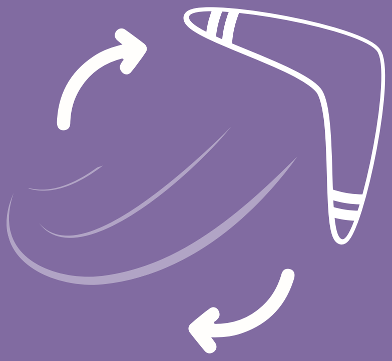
See the "Join the DOTS worksheet" for more detail on these 4 categories:

You can use this worksheet in session with the client, to help you remember all the steps and questions to ask.)

You can run through these categories with clients to tease out all the strategies they've tried to get rid of XYZ. E.g. you could say, "Distraction is one of the most common ways we try to escape unwanted thoughts and feelings. Have you tried distracting yourself from XYZ? What are all the different ways you've tried to distract yourself?"

For any given category, if clients don't mention common methods used, you can explicitly ask. For example, in the category of distraction, you might ask: "Have you tried computer games, TV, music, books, movies and shopping...

STEP 2



How has that worked?

In step 2, we respectfully validate:

You’ve put a lot of time and effort and energy into getting rid of XYZ.

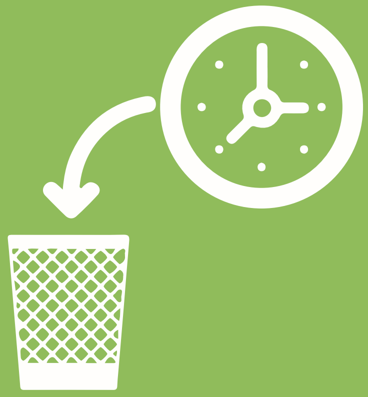
And most of those methods you’ve used give you some short term relief from XYZ.

But in the long term, has anything you’ve tried permanently gotten rid of XYZ – so that it never came back? For how long do you get relief with these methods, before XYZ returns?

So the amount of relief you get varies: sometimes a few minutes, sometimes hours, occasionally days – but sooner or later, XYZ comes back?

Step 1 can be done simultaneously with step 2. E.g. Client says she uses alcohol (step 1). Therapist asks, “So that gets rid of the anxiety for a little while? How long before it comes back again?”

STEP 3



What has it cost?

In step 3, we compassionately explore:

What has it cost you, doing all these things to try to get rid of anxiety?

Ask about costs in terms of work, health, time, money, energy, relationships, missing out, giving up on important things – especially explore the long term costs.

After identifying the long term costs, we validate (in our own words) that it’s taken a huge toll. E.g. we might say, “Doing all this stuff to get rid of XYZ has really cost you. It’s taken a huge toll on your health, your relationships, your life. It’s cost you in terms of... (summarise all the costs identified so far).

We often follow this by asking, “Overall, would you say the amount of time and energy you spend struggling with XYZ has increased or decreased over time?” or “Overall, would you say your life has gotten better or worse over time?” or “Overall, would you say the impact of XYZ on your life and health is getting lesser or greater over time?

STEP 4

What’s that like for you?

In step 4, we aim to cultivate a self-compassionate reflection on how living clinging to the control agenda is creating more and more suffering in the long term.

We might say, very compassionately: “Let’s take a moment to reflect on this: you’ve tried so hard, for so long, to get rid of XYZ...

And you’ve found many ways to get short term relief - but in the long term, it keeps coming back, and getting worse...

And all this stuff you’re doing to get rid of XYZ is really taking a toll on your life...

What’s that like for you?”

The client is likely to report that it’s painful, hurtful, horrible etc. We then, with great compassion, validate that response. E.g. we might say, “That’s really rough. It’s a hard realization. It hurts, right?”

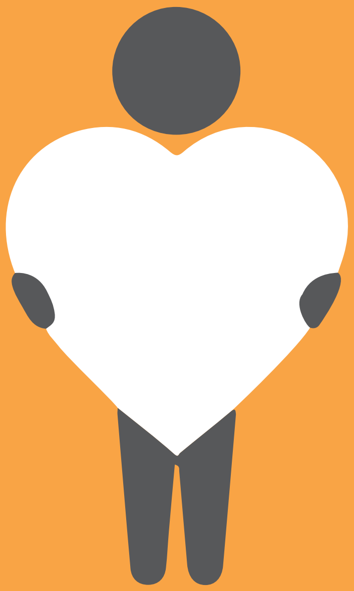
STEP 4

At step 4: Add massive doses of validation

- We want to validate that the client has tried hard. E.g. “You’ve tried really hard here. You’ve put in a massive effort to get rid of XYZ. No one can call you lazy.”
- And add that most of what they’ve tried makes perfect sense.
  E.g. “It makes perfect sense that you’ve tried all this stuff. Most of these things you’ve done are widely recommended by therapists, doctors, psychologists, self- help books, well-meaning friends etc. No one can call you stupid.”
- And then again gently connect with reality:

E.g. “And in the short terms these methods work. They give you a bit of short term relief. But unfortunately, in the long term, they don’t. Your life’s getting worse.”

STEP 4



At Step 4: Aim For Self-compassion

At this point, the client will typically be contacting emotional pain. Sadness, anger, fear, frustration are common at this point.

Validate these feelings: emphasise they are a normal reaction when we realise that what we’ve been trying really hard at for a long time just isn’t working.

See if you can introduce self-compassion at this point. Experiment with asking the client: “What would you say to someone you love, if they had been caught in the same trap as you for so long, and they were feeling what you are feeling right now?”

STEP 5

Are You Open To Something Different?

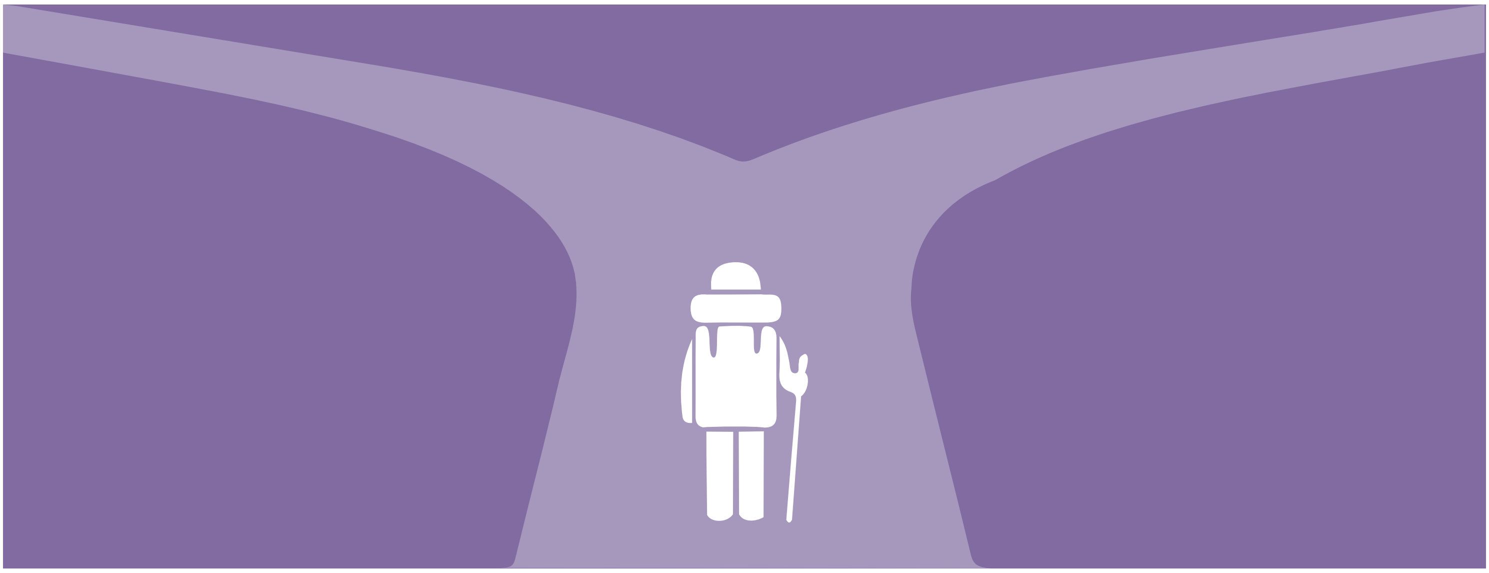
In step 5, we aim to raise curiosity about a different approach.

We might say...

“You’ve been fighting with and running from XYZ for so long. It’s taken such a toll on you. The costs have been huge.

Are you open to trying something different, that might work better, in terms of building a better life?

It’s a very different way of dealing with XYZ. It’s radically different to everything else you’ve ever tried.”



Then what?

If the client is open to a new approach, we now move on to other aspects of the ACT model.

Typically the next step is to introduce a metaphor about “dropping the struggle” (e.g. tug of war with a monster, floating in quicksand). My favourite metaphor for this purposes is the “pushing away paper” exercise.

And from there, we move to process work around developing willingness to have thoughts and feelings – using a short, simple, non-confronting exercise based on any of the core ACT mindfulness processes e.g. defusion, present moment, self-as-context, acceptance, self-compassion. (I usually start with “dropping anchor” or “I’m having the thought that” as my first exercises.)

Keep in mind, we may need to repeat CH over and over with some clients. Typically it gets faster and faster the more we cycle through it.

In summary

1. What have you tried?
2. How has it worked?
3. What has it cost?
4. What's that like for you?
5. Are you open to something different?

After all this, we then commonly, move to a “dropping the struggle” metaphor.

And after that, we usually then bring in a quick, simple willingness exercise based on any core mindfulness process: contacting the present moment, defusion, acceptance, self-compassion, or self- as-context.

EMOTION REGULATION STRATEGIES IN ACT

A PRACTICAL GUIDE FOR ACT THERAPISTS

By Dr. Russ Harris

IS “EMOTION REGULATION” PART OF ACT?

Like many other terms in psychology, there is not one agreed definition of emotion regulation (ER). The simplest and most practical definition of ER I have found comes from James Gross, a giant in the field.
(E.g. Gross, J. J. (2014). Emotion regulation: Conceptual and empirical foundations. In J. J. Gross (Ed.), Handbook of emotion regulation (pp. 3-20). New York, NY, US: Guilford Press.)

Gross defines ER as: How individuals influence which emotion they have, when they have them, **and how they experience and express them.**

If we go with this definition, then there’s a lot of emotion regulation in ACT, involving the elements highlighted in bold type above. In ACT, we rarely teach people to influence which emotions they have and when they have them, but we do teach everyone to influence **how they experience their emotions and how they express their emotions.**

The biggest difference between ER in ACT and ER in most other models is the intention or purpose underlying it. In most models, the aim of teaching ER strategies is to help people feel better; gain more control over their feelings; get better at reducing, avoiding or escaping painful feelings; get better at replacing those unpleasant emotions with ones that feel good.

In ACT, this is not our aim. We teach people to experience and express their emotions in new ways not so that they can feel good, but in order to help them act more effectively, guided by their values.

In other words, we help learn new skills to reduce the influence of their emotions over their actions. The primary aim of this is not to reduce the frequency or intensity of difficult emotions (although this usually happens as a by-product), but to reduce the impact of emotions over behaviour - in order to facilitate values-based living.

What follows on the next few pages are common examples of how we do this in ACT. (By the way, I'm not advocating we start using the term "Emotion Regulation" in ACT; I think that would probably be confusing. I'm writing this document because people often ask me about the role of ER in ACT, and I want to help build bridges between ACT and other models.)

NEW WAYS TO EXPERIENCE EMOTIONS

All of these ACT interventions/processes give us radically new ways to experience difficult emotions (instead of experiencing them as threats we need to fight or run from):

A / Mindfulness & Acceptance

- Dropping anchor or other mindful grounding techniques
- Noticing and naming the emotion
- Defusion from unhelpful cognitions about the emotion (e.g. judgments, rules, reason-giving)
- Acceptance
- Self-compassion
- Self-as-context

B / Appreciating & Utilising

Utilising the wisdom of the emotion: What's it telling me to address or change? What's it advising me to do differently? What's it bringing my attention to? What's it reminding me?

My pain is my ally: How's this emotion trying to help me?

Utilising the energy/power of the emotion – e.g. channelling the energy of anxiety into a performance, or the energy of anger into effective actions in the service of justice and fairness.
Appreciating the evolutionary purpose and adaptive functions of an emotion.

C / Metaphors
Seeing challenging emotions in new ways:

- Emotions are like the weather, and I am like the sky
- Emotions are like waves that rise and peak and fall
- Emotions are like chess pieces and I am like the board
- Emotions are just one aspect of the broad stage show of life
- Emotions are harmless even though painful or uncomfortable
- Emotions are normal; a full human life comes with the full range of emotions
- Emotions don’t have to control me; I can live my values even when difficult feelings are present

NEW WAYS TO EXPRESS EMOTIONS

In private, we learn new ways to express our emotions to ourselves:

- “I’m noticing anxiety”
- “I’m having a feeling of sadness”
- “Here is anger showing up”
- “This is a moment of suffering”

With others, we learn to express emotions in new and more effective ways, in the service of our values and values-based goals.
(Keep in mind that committed action includes skills training; so we teach clients communication and assertiveness skills if these are lacking.)
For example, in the service of building a loving, intimate relationship, we learn to communicate clearly how we are feeling and what we want:

- "I notice I'm feeling angry right now"
- "I'm noticing the urge to yell at you and I don't want to act on it"
- "I'm feeling sad and angry and I'd like to talk to you about it."
- "I'm feeling really down and I need a hug."
- "I'm sorry I snapped at you. My anger's on the surface, but underneath, I'm really hurting."

Last but not least, artistically-inclined ACT therapists often help clients to express their emotions through creative media: drawing, painting, sculpting, poetry, and collage.

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ACT *DOES* CHANGE YOUR THINKING!

There’s a popular misconception that “ACT does not change your thinking”. Clearly this idea is false; when clients (and therapists) encounter ACT, it usually dramatically changes the way they think about a vast range of topics and issues, including the nature and purpose of their own thoughts and emotions, the way they want to behave, the way they want to treat themselves and others, what they want their lives to be about, effective ways to live and act and deal with their problems, what motivates them, why they do the things they do, and so on.

However, ACT doesn’t achieve this by challenging, disputing, disproving, or invalidating thoughts; nor does it help people to avoid, suppress, distract from, dismiss, or “rewrite” their thoughts or try to convert their “negative” thoughts into “positive” ones.

ACT helps people to change their thinking through
a/ **defusing from unhelpful cognitions and cognitive processes** and
b/ **developing new, more flexible and effective ways of thinking,**
in addition to their other cognitive patterns.

ACT actively fosters flexible thinking through many different methods, including reframing, flexible perspective taking, compassionate self-talk, values clarification, values-based goal setting and problem solving, values-based planning and strategizing, and looking at thoughts in terms of workability.

In order to help our clients handle difficult emotions more effectively, we dramatically change the way they think about them, as we shall see in the next few pages.

“COGNITIVE REAPPRAISAL” - IS IT A PART OF ACT?

Cognitive reappraisal (CR) is an emotion regulation strategy that can be simply defined as “The attempt to reinterpret an emotion-eliciting situation in a way that alters its meaning and changes its emotional impact”

(Gross and John, 2003. Individual differences in two emotion regulation processes: implications for affect, relationships, and well-being. Gross JJ, John OP - J Pers Soc Psychol. 2003 Aug; 85(2):348-62.i)

CR is a term that originally comes from traditional Beckian CBT. Because of this, people tend to assume that CR must always involve challenging negative interpretations of the situation and replacing them with more positive ones in order to reduce the intensity of the difficult emotions present. Now obviously, that traditional CBT concept of “cognitive reappraisal” doesn’t fit with ACT. However, we do something very similar in ACT, in a mindful, values-based manner without any attempt to challenge thoughts or reduce the intensity of emotions.

We don't call it "cognitive reappraisal" in ACT – and I don't think we should call it that, because the term comes from Beckian CBT, and it'd just create confusion if we started using this term in ACT. However, the next few pages will demonstrate how in ACT we often help people to reinterpret an emotion-eliciting situation in a way that alters its meaning and changes its emotional impact (i.e. reduces the impact of the emotion over behaviour).

STEP 1: HELPING PEOPLE

TO REINTERPRET AN EMOTION-ELICITING SITUATION IN A WAY THAT ALTERS ITS MEANING AND CHANGES ITS EMOTIONAL IMPACT

The first step is to mindfully acknowledge our initial emotional/ psychological reaction. This can involve any combination of:

- **Dropping anchor** – or other forms of mindful grounding
- **Non-judgmentally noticing and naming** relevant aspects of our emotional reaction (e.g. thoughts, feelings, urges, impulses, cravings)
- **Noticing** –with openness and curiosity, our thought processes: in particular, noticing how our mind is interpreting the situation and what it is telling us to do.

This step also includes noticing and naming unhelpful interpretations of the situation - a useful first step in defusion. For example, a client is furious because her partner is now over 3 hours late in returning home. While dropping anchor, she might say to herself something like:

“My mind’s in judgment mode.”

“Here’s the ‘She’s out to get me’ story!”

“Here’s the ‘She doesn’t care’ story!”

“My mind’s telling me she did this on purpose to hurt me.”

“Here’s radio blame and rage broadcasting again”

“Here’s overgeneralising showing up.”

“Here’s my mind judging and accusing.”

STEP 2

The second step is to look at our cognitive processes in terms of workability, and if they are unworkable, then unhook from them, and get into values-based strategising.

a. **Workability :** We consider: if we let these thoughts guide our actions, where will they take us? Towards or away from our values? Towards or away from the person we want to be? Towards or away from effective actions likely to build the sort of life we want?

b. If the answer is "away", then we next consider, what can we do that might be more workable? In other words, the client reappraises the situation as on opportunity to live her values.

For example, a client may ask herself: In the face of this situation …

"What do I want to stand for?"
"What sort of person do I want to be?"
"What values do I want to bring into play?"
"What outcomes do I want to aim for?"

A client may run through an internal process like this:

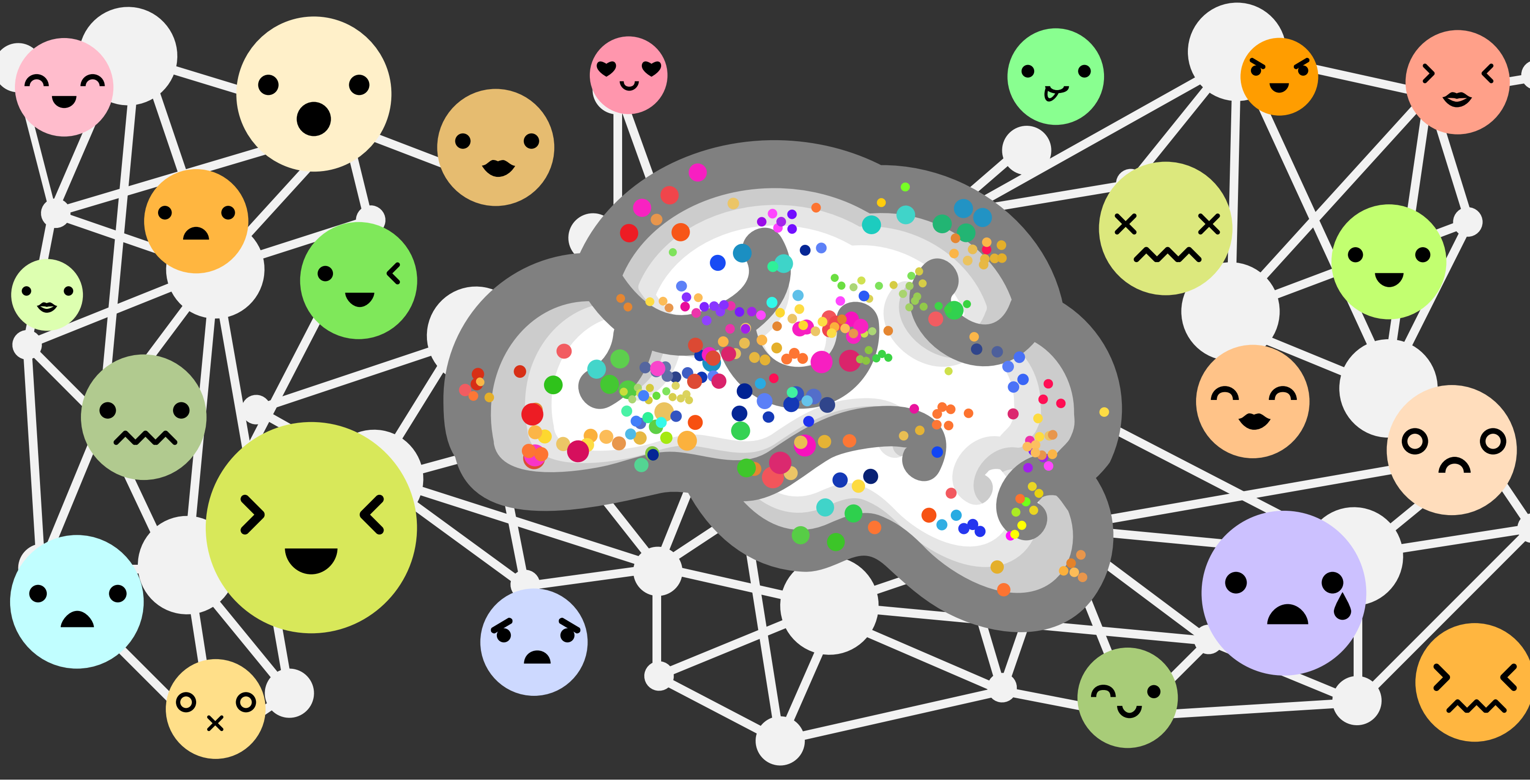
- I’m getting hooked.
- It’s the ‘she did it to hurt me’ story.
- I don’t want to start shouting, yelling, blaming when she gets home.
- My values as a partner: loving, patient, and kind.
- How would a loving, patient, kind partner interpret this situation?
- Is there another way of looking at this situation that can help me handle it better, like the partner I want to be?

The client may also reappraise the situation as an opportunity to try out her new mindfulness skills - such as grounding, acceptance, self-compassion – to help her handle her emotions more effectively; not to reduce/avoid or get rid of them, but to unhook and make room for them.

So she may ask herself: “What new ACT skills can I use to handle my emotions here?”

Or she may simply start practising grounding or acceptance or self-compassion or defusion or self-as- context skills.

You can see that these interventions include
a) **defusion from the original unhelpful interpretations** of the situation and
b) **reinterpretation of the situation as on opportunity** to live one’s values and/or practice new skills and/or experiment with new more workable behaviours. This effectively changes the meaning of the situation, and alters the emotional impact of it.



REINTERPRETING EMOTIONS IN ACT

In ACT, we often apply the strategies from the previous 2 pages to difficult emotions themselves

An unwanted emotion is present and we notice and name it, and we notice how our mind is interpreting it: e.g. bad, horrible, awful, unbearable, getting in the way of my life, have to get rid of it, means something is wrong with me.

We defuse from those interpretations, and we bring an attitude of openness and curiosity to the emotion, and we reinterpret it in ways that facilitate grounding, acceptance, and self-compassion

For example:

- I'm having a feeling of anger
- This emotion is normal; it's a natural reaction to a difficult situation
- Emotions are like the weather and I am like the sky

- Emotions are like waves: they rise, and peak, and fall
- I have room for this feeling; no matter how big it gets, it can’t get bigger than me
- This is a moment of suffering; everyone feels like this at times
- I’m willing to make room for this feeling, even though I don’t like it
- It can’t harm me; I don’t need to fight it or run from it
- I don’t have to let it control me; I can have this feeling and choose to act on my values
- This feeling will rise and fall in its own good time
- Like all feelings, this will come and stay and go
- This feeling is an opportunity to practice my new mindfulness skills

Again, you can see that these interventions include
a) **defusion from the original unhelpful interpretations** of the emotion and b) **reinterpretation of the emotion in ways that facilitate acceptance**, self-compassion, living one’s values, experimenting with new more workable behaviours. This reinterpretation of the emotion effectively changes its meaning and reduces its impact over behaviour.

Working with Body Posture in ACT

PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris

Working with body posture in ACT

With a little imagination, we can work with body posture to instigate, model and reinforce any ACT process.

When working with body posture, we can work with the position, attitude, and the degree of flexion or extension, stillness or movement, in any aspect of the body, including the face.

We might work with any aspect(s) of: arms, legs, hands, feet, abdomen, chest, head, neck, throat, shoulders, spine, and face (especially forehead/eyebrows and mouth/jaws).

This document is to give you some ideas to get you started, and to encourage you to come up with your own.

Please try out all the suggestions on yourself, and carefully pay attention to what happens. This will be far more useful than simply reading about these ideas and thinking about them.

Caution

Like everything in ACT, be prudent as you do this work. Modify and adapt everything for the unique client you are working with.

Everything is an experiment. You never know what will happen; what results you will obtain. So be open and curious and flexible. Carefully track what happens and adjust what you are doing as needs.

Ensure willingness. Working with body posture is uncomfortable for some clients, so never be pushy or coercive. Always check to ensure the client is willing. And explicitly link this work to the client's therapy goals.

Bringing awareness to one's body posture can trigger uncomfortable feelings, as can modifying one's posture. For example, if your client has a tendency to sit in a "closed off" or "slumping" posture, inviting him to experiment with a straighter or more open posture may trigger anxiety. We can, of course, work with such reactions to actively develop defusion, acceptance and so on. We may also use such strategies to intentionally generate such feelings, so we can use them as stimuli for exposure.

Also don't fall into the trap of 'good posture' versus 'bad posture'. No posture is 'good' or 'bad' in and of itself. We want to adopt an attitude of openness and curiosity; to look at the function of the posture (i.e. the effects it has) in this particular context.

Many different ways to experiment

There are so many different ways to work with body posture. As always, be flexible, and be creative; modify and adapt everything to suit your clients, your way of working.

Also, remember, it's often wise to introduce these ideas and interventions as 'experiments'. This facilitates curiosity, reduces risk of client fusion with unrealistic expectations, and paves the way for acceptance of whatever the outcome may be (which is sometimes "It makes no difference at all").

E.g. "Can we try an experiment here? I call it an experiment because I don't know exactly what will happen. Obviously I hope it will be helpful for you, or I wouldn't suggest it. But I can't ever know that for sure, so it's always an experiment. So can we just be curious, see what happens, and assess whether it's helpful or not?"

Most often, (and especially as therapy progresses and the client gets used to the language of 'experiments'), I simply say "Can we try an experiment here?" without going on to explain the purpose/intention. But if a client ever asks me "Why?" or "What do you think will happen?" I believe it's important to give a rationale for it (e.g. "I'm curious to see if it will help you unhook from what your mind is telling you; and it may or may not do; I hope it will, but it might not; it's an experiment.").

Experimenting with body posture

The therapist can make suggestions, but the emphasis is, ideally, on letting the client lead the exercises; on asking the client to 'experiment' with different postures and 'notice what happens'.

Exercise should be done mindfully – regularly checking in to notice what is happening, what thoughts and feelings are showing up, what feels different in the body, etc.

Ideally the therapist will make the postural changes too, for two good reasons:

a. so the client is less self-conscious
b. so if the client is finding it hard to describe what he notices in a given posture, the therapist can describe her own experience of the posture, and then check in with the client – "Is it anything like that for you?"

Defusion with body posture

Often when clients are fused with certain types of narrative, this shows up very obviously in their body posture. This is especially common and obvious with shame and hopelessness.

What kinds of body posture do you notice in clients fused with helplessness? Shame? Injustice? Worrying?

Obviously this varies enormously from person to person, and from culture to culture, but nonetheless, in many of your clients you are likely to see recurrent themes. For example, many clients fused with helplessness have some sort of extremely slumped posture. Many clients fused with shame tend to hang their heads down and look at the floor.

5 Steps to defusion with body posture

We can experiment with changing body posture as a means to defusion. The steps are quite simple:

Step 1: Notice & Describe Body Posture

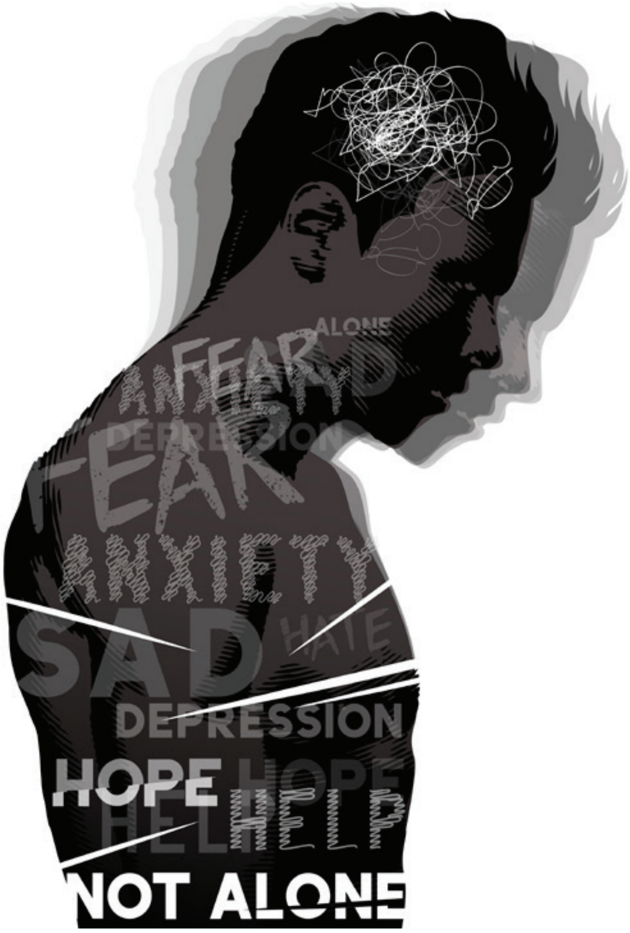
Step 2: Identify Fusion

Step 3: Alter Body Posture

Step 4: Notice "What's Different?"

Step 5: Reassess Fusion

Reminder: Be flexible! You don't have to strictly run through it in this order. For example, steps 1 & 2 are often switched around or done simultaneously. Likewise steps 4 & 5. The scripts that follow are merely samples; you can spend much longer, exploring more, and pausing more – or you can go faster, and skip bits. We can't do ACT effectively in a formulaic, manualized, standardized, one-size-fits-all manner; we need to adapt it to the client and the situation.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HOPE
HELP
HELP
NOT ALONE

Step 1: Notice & describe body posture

We can notice and describe the client's body posture, or we can ask the client to do it, or some combination of both.

T: *Do you notice anything about the way you're sitting right now?*

C: *Not really.*

T: *Well, for example, I notice that your head is hanging down. Do you notice anything about the position of your arms or your shoulders, or your spine?*

C: *Nothing much*

T: *Well, I notice that you're kind of slouched or slumped in the chair. Do you notice that?*

C: *Yeah.*

Step 2: Identify fusion

Having briefly noticed and described the client's body posture, we could now ask about fusion. (Of course, at other times we might reverse the order of these steps.)

T: *So as I see you sitting there like that, with your head hanging down, and our body slumped, I'm wondering, what is your mind saying to you right now?*

C: *You really want to know?*

T: *Yes.*

C: *My life is f#####d, and this is a complete f###ing waste of time.*

T: *Uh-huh. Well that's not too surprising. We know your mind likes to say that sort of thing. And just give me a sense – if this is totally hooked (therapist puts her hands over her own eyes, referencing the 'hands as thoughts' exercise) and this is totally unhooked (therapist lowers hands and rests them on her lap) – how hooked are you by that thought?*

Client raises hands so they are about 6 inches/15 cm away from her face.

T: *Okay, so fairly hooked but not 100%. I'm wondering if we might try an experiment here?*

C: *Another one?*

T: *Yeah. I'm kind of fond of them.*

C: *Alright. I'll give it a go.*

Step 3: Alter body posture

Next, we can ask the client to experiment with different postures. We can make specific suggestions, or ask the client to come up with his own ideas, or a combination of both.

T: *If you were absolutely 100% hooked by that thought - your life is f####d and therapy is useless – how would you be sitting? I think I'd be sitting a bit like this (therapist adopts a slumped, head-hanging posture); how about you?*

C: *(smiling) Yeah, that's about right.*

T: *How would you sit if that thought lost all its impact over you? If it were like water off a duck's back?*

C: *I don't know.*

T: *You don't have to know; just imagine. Like, imagine you're the lead actor in this movie, about a guy who recovers from depression. And at the start of the movie, he's totally hooked by 'life is f#####d and there's no hope' – and he sits like this (therapist adopts a slumped, head-hanging posture). And at the end of the movie, he's turned his life around; he's not hooked by that stuff any more. He's engaged in life. How would he sit? Client slowly rearranges posture – more upright, back straighter, head higher – but still a bit slumped, head still a bit hung).*

T: *Interesting. I like what you're doing there, but you still look a bit beaten down by life. Can I get you to go further? Try sitting up even straighter than that … sitting a bit forwards … raising your head a bit higher … that's it … and try looking around the room as if you're interested in what you see … (client continues to adjust posture – following therapist's suggestions).*

Step 4: What's different?

Next, we can ask the client to notice "What's different?" If the answer is "nothing", we can get more specific, more directive in our questions.

T: *So, you're now sitting very differently from before. What's different for you?*

C: *I can see more of the room.*

T: *Okay. And what difference does that make?*

C: *Not much.*

T: *More interesting than looking at the carpet?*

C: *(smiles) A bit.*

T: *What about us – working together here as a team. Does it make any difference to that?*

C: *What do you mean?*

T: *Well, I feel much more engaged with you now. To me, it feels like we're more of a team now. Before, you seemed cut off, distant; now you seem to be more present, more connected. You look like you're engaged in the session. Do you notice any sense of that?*

C: *Yeah. Yeah, a bit.*

T: *How about your energy level? I know when I sit like this (therapist slumps) I feel the energy drains from me, instantly. And when I sit like this (therapist sits upright), it changes. What about you? Any difference there?*

C: *Not sure.*

T: *Just try it for yourself – really quickly – just for a few seconds, really slump down (therapist models this, client copies). Now try this (therapist sits upright, client copies). Any difference?*

C: *Yeah. Yeah.*

T: *How would you describe it?*

C: *Dunno. A bit more energy, I guess.*

Step 5: Reassess fusion

After taking as long as we deem necessary and useful to explore "What's different?" we can then ask the client to if they are more fused or less fused with the original thought, or just the same as before.

T: *So, let's come back to that thought: My life is fucked, and this is a complete fucking waste of time. When you sit this way, are you more hooked, less hooked or just the same as before?*

C: *A bit less, I think.*

T: *Can you show me with your hands.*

C: *(Client raises hands to about the halfway point between covering face and resting on lap).*

T: *Cool. So I'd say you've gone from about 90% hooked to abut 50%. Just by altering the way you sit.*

C: *You're not seriously trying to tell me this is the answer? Just sit up straight and all my problems will disappear?*

T: *No, no – not at all. This is just one small piece of the puzzle. But it's an important piece. Our body posture plays a big role in how we think and feel and communicate with others; and it's a simple thing to change when we're really struggling.*

Psychoeducation about body posture

As we do this work, it's often useful to cover some basic psychoed about body posture. We might want to talk about how our body posture can affect:

- Mood, feelings, emotions
- The way we think, and what we think about
- Fusion and defusion
- Engagement, attention
- The non-verbal messages we send to others through our posture
- Relationships – especially postures that tend to indicate "open, warm, friendly" versus "cold & distant" or "hostile & aggressive" or "bored & disengaged" postures. Note: this may vary a lot from culture to culture!

Hopelessness, body posture & committed action

If a client is totally fused with ‘There’s nothing I can do; it’s hopeless’, the body posture work above is often a great starting point. We can have the client experience (not just intellectually discuss, but actually experience!) that even in the face of all his problems, challenges, difficulties, even in the midst of all his pain, suffering and hopelessness – he still has choices. He can either sit slumped, head hung, staring at the floor, disconnected from the therapist – or he can sit up, head upright, looking around the room, engaging with the therapist.

And after the client has experienced this, we can say something like: “So even this small action can make a difference; it doesn’t solve all your problems or turn your life around, but it makes a difference in this moment – to what happens in this session, and how much benefit you get from it. And all day long there are little moments like this, where you have choices; and you can do little things that don’t help you, or little things that do help you.”

The client may well reply with more hopelessness: “Yeah, it’s not gonna work … no point … can do it in here but not outside here … etc, etc.”

We could then reply, “Yes, your mind is going to keep insisting that it’s hopeless, and I have no idea how to stop it from doing that. I do know there’s no point debating it with you; whatever I say, your mind will insist its hopeless. But notice, even while your mind keeps saying that, you still have choices: notice right now you can sit up and engage with me, or slump down, stare at the floor, and cut off from me.”

What we are doing here comes under the heading of ‘committed action’. Often the first committed actions are small, simple, practical steps such as this. And as the client takes such actions, he is defusing to some extent from hopelessness cognitions; i.e. the cognitions are present, but exert less influence over his behaviour. Ando f course we can readily modify this type of intervention for a wide range of cognitions, not just hopelessness.

Body posture & contacting the present moment

Earlier we focused on body posture changes for contacting the present moment. We can do very similar work, emphasizing contact with the present moment.

Step 1: Notice & describe body posture

Step 2: Explore “What’s that like for you?”

Step 3: Alter body posture

Step 4: Explore “What’s different?”

In steps 2 & 4 we want to explore - in each posture - what the client feels, thinks, sees, hears, touches; how her body feels; how engaged she is with the world around her; her level of energy, aliveness or vitality; what effect this posture seems to have on the therapy session, and its effect on “us, working together, as a team”. Simple questions such as ‘What’s that like?’ and ‘What do you notice?’ are often effective.

At times we may wish to share what we notice in the client in each posture, and what effect we feel it has on “us, working together, as a team”– e.g. “When you sit like that I feel much more connected to you. You seem a lot more engaged, and that makes a huge difference to me. I feel like we’re really a team here.”

Body posture & self-as-context

We can emphasise self-as-context in the previous interventions in various ways. If you haven't already introduced SAC, one simple way is to notice different elements of body posture – e.g. position of hands or legs, curvature of the spine, etc:

- Notice X, Y, Z
- And notice there's a part of you, doing all that noticing. There's a part of you that can notice every area of your body, where it is, what it's doing, every little movement.

If we wish to highlight the continuous and unchanging aspects of the 'observing self', we can add:

- Notice X, Y, Z changes all the time, from moment to moment
- And the part of you that notices does not change

Values & body posture

We can invite clients to embody a posture that represents moving away from their values, and to embody a different posture that represents moving towards their values.

Some clients will not be able to do this; but some will. If they can, we can then mindfully explore these postures – again using simple questions such as *What's that like? What do you notice? What does that feel like? What's your mind doing? Where do you feel this most? What parts of your body are you most aware of? What difference does this make?*

We can also invite clients to embody a specific value they've mentioned as important, such as kindness, loving or courage.

Self-compassion & body posture

When working with self-compassion, it's often useful to experiment with body posture.

Self-compassionate body postures can include:

- Wrapping your arms around yourself in a soothing self-hug,
- Gently and kindly resting a hand over the heart or abdomen
- Gently and kindly resting both hands over heart and abdomen,
- Gently and kindly resting your hand(s) over areas of pain or numbness in the body.
- There are many possible variants on and additions to these self-compassionate postures.

Acceptance & body posture

We can ask a client to imagine an unwanted thought, feeling, memory or sensation in front of her and:

A. Embody resistance to/avoidance of the thought/feeling/memory/sensation

B. Embody ‘dropping the struggle’ or ‘making peace’ with it

C. Notice the difference.

Again, we want to explore this mindfully, with a host of questions, similar to those mentioned earlier. If the client is stumped, we can easily modify the ‘pushing away paper’ exercise to serve this purpose.

Dropping anchor & body posture

Most “dropping anchor”/mindful grounding exercises (which all come under the heading of ‘contacting the present moment’) include making changes in body posture.

For example, many of them involve sitting up, straightening the spine, raising the head, looking around the room, pushing feet into the floor, stretching arms, and so on.

Acting calmly & body posture

We can use body posture to help ourselves act more calmly. Make sure, if you do this with clients, you are crystal clear that the purpose is to help you ***act*** calmly, not to ***feel*** calm. Of course, often you will feel calmer – but that's a bonus to enjoy if and when it happens, not the main aim. Sometimes the very opposite will happen.

Generally, postures that help many people to act more calmly include:

- Dropping your shoulders
- Straightening your spine
- Holding your head straight
- Breathing from the abdomen
- Placing hands on knees if sitting, or holding them in a "steeple position"
- Again, there is enormous diversity here, so encourage clients to experiment.

Body posture in relationships

Often, our work with clients will revolve around relationships. Body posture plays a very important role in communication, and the way you hold yourself will send messages to the people you are interacting with. It's good to model this for clients.

For example, let's suppose a client is wanting to work on deepening love, intimacy, openness, warmth and so on in their relationships. And in your sessions, the client sits there slumped, looking down, little eye-contact, or maybe sitting back, frowning, folding arms in front of chest, clenching jaws tightly.

We might ask the client to notice what she is doing with her body; to notice the position of her arms, legs, hands, back, head position etc. We might ask, "What's that like for you, right now, to be sitting that way? You mentioned you want to bring more warmth and openness into your relationships with other people; do you think this posture will help or hinder that?"Most clients will quickly notice if they are not in a warm, open, welcoming posture. We might then ask, "What message do you think you are sending to others, when you hold yourself this way?" If the client isn't sure, we can then model the posture. "Is it okay if I imitate your posture, so you can see what it looks like?"

Body posture & exposure

Sometimes one of the outcomes that reinforces a particular body posture is that it helps the client to avoid unwanted thoughts and feelings. For example, an aggressive or defensive posture may help a client avoid feeling vulnerable or insecure. Hanging the head and looking at the floor can help people avoid or reduce the anxiety, guilt, shame that may accompany eye contact. And “closed off” or “shut down” body postures may help some people avoid thoughts and feelings of anxiety, insecurity, vulnerability.

We may then use deliberate changes in such body postures as part of our planned exposure work. For example, we may experiment with slowly changing the posture – e.g. slowly straightening up a curved spine – and help the client notice mindfully and respond flexibly to whatever thoughts, feelings and memories arise.

Body posture & attitude towards problems

Here's a cool body posture exercise created by Steve Hayes.

A. Adopt a posture that represents you at your worst in dealing with or responding to this problem/issue

B. Adopt a posture that represents you at your best in dealing with or responding to this problem/issue

C. What are the differences between these postures?

Almost always, the posture of B) is significantly more open, spacious and stable than the closed, contracted postures that are typical of A).

This is a rich area to explore, and can easily segue into work with any point on the hexaflex.

Body posture & other aspects of ACT

With a little imagination and creativity, we can use body posture to instigate, model and reinforce any ACT process.

If you want to become more flexible and innovative with ACT then I recommend you spend some time thinking about how you might work with body posture to promote acceptance, self-compassion, values, self-as-context, defusion, committed action, contacting the present moment, and exposure.

There is a superb thread in the ACT Made Simple Facebook group where many ACT practitioners share the creative ways they work with body posture. To find it, first go to the page - https://www.facebook.com/groups/941642582695315/ - then go to the search bar and type in this hashtag: #BodyPosture

Your own ideas for working with posture may build on or evolve from the ones I've briefly mentioned above, or they may be completely different. Let your creative juices flow, and if you do join the Facebook group, please share them there, so others can benefit from your ideas. :)

All the best,

Cheers, Russ Harris

Values Conflicts & How To Resolve Them

TIPS FOR ACT PRACTITIONERS

By Dr. Russ Harris

www.ImLearningACT.com

Most of us have experienced a major values conflict at times, and it's usually pretty stressful; we can easily get caught up in trying to figure out "the right thing to do", and end up spending a lot of time inside our heads, worrying, ruminating, stressing out, or just going over and over the issue, trying to make a decision.

These types of conflicts present a major challenge for just about everyone. So, I'm going to present you with an outline of my 5-step formula for values conflicts, and then I'll take you through it in depth.

Outline: The 5-Step Values Conflict Formula

Step 1: The Domain: Identify the life domain where the values are in conflict.

Step 2: The Values: Identify the actual values that conflict.

Step 3: The "Globe of the World": Remember that values are dynamic.

Step 4: Brainstorm: Think of all the different possible ways to live value A by itself, value B by itself, and both values A and B simultaneously, within this domain of life.

Step 5: Self-kindness: These conflicts are painful, so be self-compassionate.

Let's now go through this, step by step.

Step 1: The Domain

The first step is always to identify just one life domain in which the values conflict is occurring – e.g. work, study, parenting, marriage, health, spirituality, leisure, etc. If it's occurring in more than one domain, then initially just pick the main one, where it's happening most or creating the greatest problems. This is an important first step because it helps weed out the incredibly common confusion between time-management issues and true values-conflicts.

For example, let's imagine a guy called Raymond, who says his conflict is "family versus work". Raymond hasn't identified two conflicting values – he's simply identified two important life domains, that compete for his time. So, what he's dealing with is a time management issue: how much time does he spend with the family versus how much time does he spend at work?

To make this clear, let's suppose his three most important values in the domain of work are to be reliable, cooperative, and creative. These values will not alter whether he spends ten hours, thirty hours, or sixty hours a week at work. And let's suppose his three
most important values in the domain of family are to be loving, kind, and supportive. Again, these values will not alter whether he spends

ten hours, thirty hours, or sixty hours a week with his family. In this case, it's a time management issue, not a values conflict. Knowing what his values are won't help him decide how to allocate his time between work and family. Raymond will have to experiment with how he allocates his time to these domains, and find out what works best, while recognizing there's no perfect solution.

If we wish to uncover a true values conflict, we'd need to focus on just one of those domains at a time – either family or work – and then find out which two values within that one domain are competing with each other. (We'd only work with two competing values at a time, or it gets confusing.)

Then, if necessary, we can come back later and work on the other important life domain that Raymond originally mentioned. (E.g. we might address values conflict in the domain of family first, and then later address values conflict in the domain of work.)

So, let's look at how to deal with a true values conflict. Suppose there is something going on at Raymond's workplace – e.g. bullying, harassment, victimization, dishonesty, corruption. And he can't decide whether to speak up about it or keep quiet. The first step is to identify the life domain: work. The next step is …

Step 2: The Values

Step 2 is to identify the two main values that are in conflict within this domain. In this scenario, it seems that if Raymond speaks up, he'll be living his value of honesty. However, if he does this, there may well be some very negative repercussions; he may lose his job, or become a target himself, which goes against his value of self-care.

On the other hand, if he remains silent, he will keep his job, and avoid being a target, thus living his value of self-care. However, if he does stay silent, that seems to be going against his value of being honest.

There's a lot of stress and suffering when we are in these difficult situations, so it's important we practice self-compassion: acknowledge how painful it is, apply our anchoring and unhooking skills, and treat ourselves kindly.

So we've completed steps 1 and 2. We've clarified that in the domain of work, Raymond seems to have two conflicting values: self-care versus honesty. Now it's time for step 3: the "globe of the world" metaphor.

Step 3: The “Globe of the World”

Values aren’t static; they don’t line up and stay in position like books in a bookcase. Values are dynamic, continually shifting and moving position, sometimes coming to the foreground and other times fading into the background. It often helps to think of it this way:

Our values are like the continents on a globe of the world. No matter how fast you spin that globe, you can never see all the continents at once; there are always some at the front, some at the back. From moment to moment, you get to choose: which values come to the front, and which move to the back?

Once we remember this, it paves the way for step four: brainstorming.

Step 4: Brainstorm

We now think of all the different ways – in this specific domain of life – that we can live value A by itself, value B by itself, and both values A and B simultaneously. We can include everything from the smallest of actions to the largest of goals.

So, in Raymond's case, throughout the day at work, he can live value A – honesty – in many ways:

- Honestly expressing his feelings and opinions to others in situations where there is little or no personal danger for doing so
- Being honest with himself about how he is feeling, and how difficult the situation is
- Being honest with trustworthy others (if there is anyone he considers trustworthy) about what he is thinking, how he is feeling, and how difficult the situation is
- Being honest in his everyday dealings with clients, customers, colleagues and co-workers

And throughout the day at work, ways Raymond can live value B – self-care – might include:

- Eating healthy snacks for morning and afternoon tea, instead of muffins and biscuits
- Being prudent and cautious about when and where and with whom he shares his true feelings and opinions; picking and choosing who he does this with, and only in situations where it is safe for him to do so
- Getting some fresh air and exercise with a walk at lunchtime

And throughout the day at work, ways to live both value A and value B simultaneously – include:

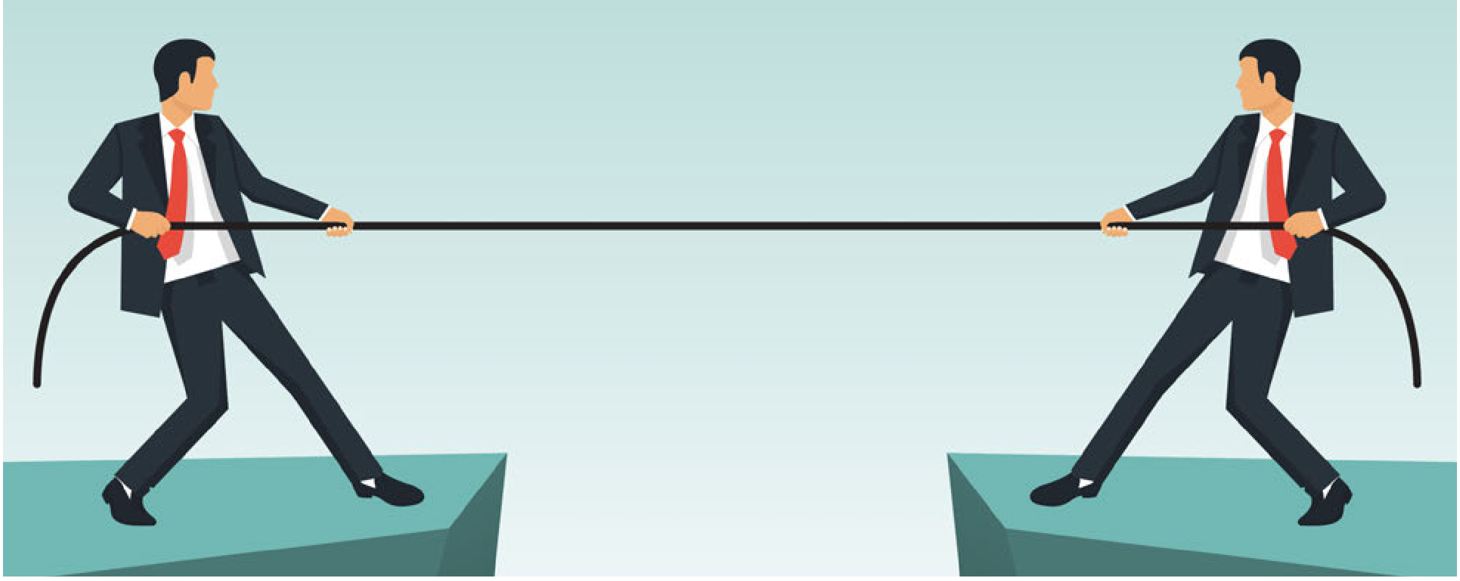
- Combining any of the above options, where practical
- Practicing self-compassion: This involves being honest with yourself about the emotional pain and stress you are suffering – while also treating yourself with kindness and caring (e.g. through saying kind, supportive things to yourself, or doing kind deeds for yourself, or doing a self-compassion exercise). So this is a great practice for living both values: honesty and self-care

Step 5: Self-Compassion

When we resolve our own values conflicts, we tend to experience a sense of liberation; we realize that we can live by our values whichever course of action we pursue. Unfortunately, that often does not help us make the tough decision that we need to make, or solve the dilemma, or make that difficult choice.

For example, in the case described above, Raymond has resolved his values conflict: he has found many ways to live both values – self-care and honesty – in this important domain of life. However, he still faces the dilemma (or difficult decision, or tough choice – whatever you prefer to call it) of whether to 'blow the whistle' or not. In such cases, we can expect ongoing anxiety and other uncomfortable thoughts and feelings. So self-compassion is warranted. Let's acknowledge our pain and suffering, and respond to ourselves with kindness.

And if the dilemma persists, after resolving the values conflict, here's a step by step approach to deal with it: Dilemmas, Hard Decisions & Tough Choices



Other Types of Conflict

Genuine values conflicts – where two values directly compete with each other in one specific domain of life – are quite rare. Far more commonly we struggle with goal conflicts, which are mostly around how to allocate our time, energy, or money. For example:

Will I invest my time/ energy/money in doing what my partner (or parents or friends or family or culture) wants me to do? Or will I invest it in doing what I want to do?

Will I do what my religion/culture/family expects of me – or will I do what I really want to do?

Values clarification often does not solve such issues; what it does is free us up to live by our values whichever course of action we pursue. Usually we'll need to use other strategies to resolve these difficult decisions and tough choices.

So if you are struggling with a major dilemma or a tough decision then, once again, I recommend you use this to help you: Dilemmas, Hard Decisions & Tough Choices.

Well, here's hoping you've found something useful in this. Please feel free to share these materials with anyone you think may benefit.

Also, if you want to know more about ACT and how to apply it effectively, please come and join our incredibly active Facebook group: "ACT Made Simple – Acceptance & Commitment Therapy for Practitioners".

You can find it here: https://www.facebook.com/groups/941642582695315/

Last but not least, if you are interested in our free Happiness Trap Practitioners' Program – which is free for all health professionals (psychologists, social workers, therapists, counsellors, coaches, doctors, nurses, OTs, BCBAs, etc.) – then turn the page to learn more about it.

All the best,

Cheers, Russ Harris

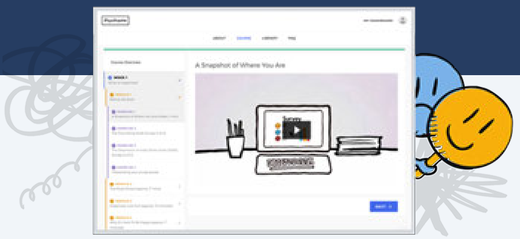
Complement Your ACT Sessions with the FREE Happiness Trap Online Program: Practitioners' Edition

Howdy Folks!

At last the Practitioners' Edition of the Happiness Trap Online Program is here.

It's a free easy-to-use adjunct to your therapy, coaching or counselling sessions. We've designed it to help you save time and energy with your clients: to make psychoeducation easy and engaging, and facilitate rapid building of practical skills.

Enrol Me Now



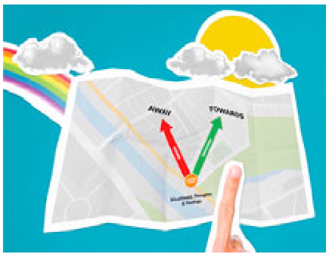
How it works

For ACT Practitioners (i.e. any type of health professional who uses ACT with their clients) the program is totally free, with unlimited ongoing access.

Once you have enrolled yourself, you will receive a unique coupon code, which you can pass onto your clients.

This coupon will enable your clients to enrol in the Happiness Trap Online Program for only $70 (a huge discount from the usual price $295).

Benefits to you and your clients



The program is a practical, engaging way to help strengthen the effectiveness of your therapy, coaching or counselling sessions.

It contains beautifully crafted videos and a wealth of downloadable resources, including audio exercises, articles and worksheets, all designed to help you:
- Introduce, develop and build confidence with core ACT skills.
- Assist your clients when they may be stuck or resistant to new ACT concepts.
- Focus on what really matters with your clients in session.

Help and support

The program also comes with simple guidelines and a map on how to best use it with your clients. You can also join me and your peers on a private forum on Psychwire, where we can support and encourage each other in the use of these materials.

* * *

The program was four years in the making – we had to refilm the whole thing three times before we were finally satisfied! - and I have to confess I am really proud of it. It’s a simple, practical and entertaining way to complement your sessions and help your clients lead richer and more fulfilling lives.
I invite you to enrol today.

All the best,

Russ Harris

TheHappinessTrap

Pre-empting Your Mind

PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris

Pre-empting Your Mind

I'm a big fan of this defusion strategy (which is also very useful for acceptance and committed action). It's very simple and very practical.

What's Your Mind Likely to Say?

Basically, the therapist asks, in one form or another: "What's your mind likely to say about that?" The idea is to pre-empt unhelpful thoughts that are likely to show up and act as psychological barriers. If we can predict these unhelpful thoughts in advance, it will be much easier to unhook from them when they arise. For example, we might ask:

- *"What do you think your mind is likely to say if I suggest we practice an exercise now?"*
- *"How is your mind likely to talk you out of doing this?"*
- *"My guess is that as we start to work out an action plan, your mind is going to come up with a lot of objections. What do you think it's likely to say?"*

If the client struggles to come up with an answer, the therapist can volunteer one, based on things the client has said in previous sessions, e.g. "It won't work", "What's the point?", "It's too hard" etc=

Unhooking from Reason-Giving

Pre-empting the mind is especially useful to help with defusion from "reason-giving" (i.e. all the reasons your mind comes up with for why you can't change, won't change, shouldn't have to change, etc.)

E.g. the therapist says: "The human mind is like a reason-giving machine. As soon as we even think about stepping out of our comfort zone, it cranks out all the reasons why we can't change, won't change, or shouldn't even have to change, or why it won't work, or what might go wrong, and so on. What kind of reasons do you think your mind will generate not to do... XYZ?"

2018 GOALS:
1.
2.
3.

Debating & Intellectualising #1

This pre-empting strategy is also very useful for clients who tend to get caught up in debating, discussing, analysing or intellectualising things.

The therapist could say: “The human mind loves to debate and analyse. So, it’s perfectly natural you want to do that. And sometimes it’s helpful to do that. And sometimes it’s not. Now I just want to check with you... We are a team here, right? And our aim is to help you XYZ.” (XYZ = a: the main behavioural changes the client wants to make, b: life goals the client wants to pursue, c: thoughts and feelings the client wants to learn how to handle more effectively.)

The therapist continues: “Now the more of the session we spend on debates or analytical discussions, the less time we’ll have to work on the main issues you’re here for. So what kind of things do you think your mind will say today to try to pull us into debates or analytical discussions?”

NB: This strategy will not work if the therapist leaves out the content highlighted above in purple. If the therapist doesn’t know this information, they must take time to find it out; it’s an essential part of taking a history and almost impossible to do ACT effectively without it.

Debating & Intellectualising #2

If the client insists that it's important to debate, analyse, discuss, understand, etc. then the therapist must first validate that: "Yes, it is."

Then the therapist could say something like, "The problem is, that kind of discussion is unlikely to help you XYZ." (XYZ = some or all of a: the main behavioural changes the client wants to make, b: life goals she wants to pursue, c: thoughts and feelings she wants to learn to handle more effectively).

The therapist continues: "And the problem is, we only have 50 minutes per session. So, the more time we spend on discussing and analyzing, the less time we have to work on effective ways of improving your life. So, there's a choice to make here about how we spend this session and how we get the most out of it."

Writing Down Thoughts

It's often helpful for the client or the therapist to write down the predicted thoughts, and to keep them handy. Writing them down typically enhances the degree of defusion. (It's better if the client writes – it involves them more – but sometimes the clients don't want to for various reasons.)

As the client voices these thoughts later in session, the therapist might say:

- "Aha! We predicted that one. There it is, right there on the list!"
- "Is that one on the list? Just check."
- "Oh! I don't think we predicted that one! Do you want to just write it down?"
- "Hmmm. The wording is a bit different, but it's pretty much the same as that one you've written down there".

Naming

It’s often helpful to name these recurrent cognitive repertoires as they recur in session.

- “There’s your mind ‘reason-giving’.”
- “There’s the ‘not good enough’ story”
- “Ah, the old ‘abandonment schema’”
- Or you can use classic terms such as: ruminating, worrying, castrophising, judging, black-and-white thinking, predicting the worst, etc. E.g. “Here’s worrying” Or more simply, “Worrying”

And playfulness, lightness, humour often helps:

- “Gosh, it’s been almost 5 minutes since your mind last told you the hopeless story. It’s going easy on you today!”

(Note: Be wary of invalidation! Always be respectful, compassionate, sensitive. If you do this stuff in an uncaring, flippant, sarcastic way – it won’t be well-received.)

Timing and Frequency

Variants can include:

- “How many times do you think your mind will say this in today’s session? Tonight? This week? In the next ten minutes?”
- “What do you predict your mind will say when we start the exercise? During the exercise? After the exercise?”
- “How soon will your mind start saying this? Has it already started? Are any of these thoughts/stories/reasons (pointing to the written list) showing up right now?”
- “What’s your mind likely to say about this after the session? Tonight? Tomorrow morning? When you’re really in that challenging situation?”
- “How’s your mind going to try and talk you out of doing that? How’s your mind going to try to hook you, while you are doing it?”

Ticking Thoughts

If the thoughts have been written on a piece of paper, a nice addition is to ask the client to tick a thought each time it recurs.

- *"Ah! There it is again. Give it a tick."*
- *"Wow! Four ticks by that one, already. How many ticks do you think will be there by the end of the session? My guess is about 15."*
- *"See how it keeps popping up? Give it another tick for good effort."*

Note: This MUST be done respectfully and compassionately, or it will be invalidating for the client. Used appropriately, respectfully, kindly, sensitively, it generally brings lightness and playfulness into the session, and clients often start joking.

Choice

After acknowledging the appearance or reappearance of a predicted thought, the therapist may like to offer the client a choice:

- *"So, there's a choice to make here; do we give up on this because your mind says (repeats the thought aloud) … or do we let your mind say that and carry on?"*
- *"So, there's a choice to make here; do we stay focused on what we've been talking about, or do we let your mind pull us off-track with this thought?"*
- *"So, there's a choice to make here; do we waste time debating whether that thought is true or false, or do we let your mind say it and carry on with what we were doing?"*
- *"Do we let that thought interrupt our session / pull us off track / pull us into an argument / interfere with our work here… or do we let your mind say it and carry on?"*

Defusion, Acceptance, Committed Action, Attention Training.

If the client chooses to carry on and refocus even though such thoughts are present – then you have helped him defuse from those thoughts (i.e. to reduce their negative influence over behaviour).

- Plus, to some extent, you have helped him accept the presence and recurrence of the thought.
- Plus, you are developing his capacity for committed action: continuing with the task at hand even though unhelpful thoughts are present.
- Plus, you are training attention: refocusing on the task at hand after momentarily being distracted.

(What if the client doesn't make the choice you'd hoped for? See page 17)

Affirming The Client’s Choice

If the client chooses to carry on, be positive about it; express gratitude or appreciation.

Note: This must be done authentically; if it is fake or insincere it won’t be helpful.

E.g. “That is so cool for me to see you make that choice. Your mind is trying so hard to interfere/disrupt this work/pull you off track/ make you give up – and yet, you are not allowing that to happen. I can see the effort your making. I appreciate it.”

Some clients do not like compliments or gratitude. So, if your client does not react well to this type of therapist response, modify it. Tone down or completely drop the compliments or gratitude. But still find some way to explicitly acknowledge that: “You are continuing to do the hard work of the therapy session even though your mind is trying hard to interfere.”

Let the Thoughts Sit There

One of my favourite strategies, after the client chooses to refocus or carry on, is to say: “So, can we let the thoughts sit there, as we carry on?”

Then I leave the paper resting on the client’s lap, or on the couch beside her, or sticking out from underneath the client’s lap.

Having done this, we can then say things like:

“So, the thoughts are still here; they haven’t magically disappeared. But we can let them be here without getting hooked by them and carry on the work.”

Carrying Over

With many clients it's useful to carry over this strategy from week to week. You keep the list of unhelpful thoughts in the client's file. At the next session, pull it out, and give it to the client, and ask him to rest it on his lap.

The therapist might say: "This is what your mind said last session. How many of these things do you think it will repeat in today's session?"

Again, you could ask the client to tick them, note them as they recur, and write down new ones.

Normalise

It's good to do lots of normalizing & validating e.g.

- "It's natural and normal that your mind does this."
- "Your mind is a lot like mine."
- "This is what minds do."
- "This is how the human mind has evolved; it's a problem-solving machine."

Why Does the Mind Do This?

A valuable part of normalizing and validating is to talk about how the human mind evolved as a problem-solving machine. Once this is established, we can use this in many ways:

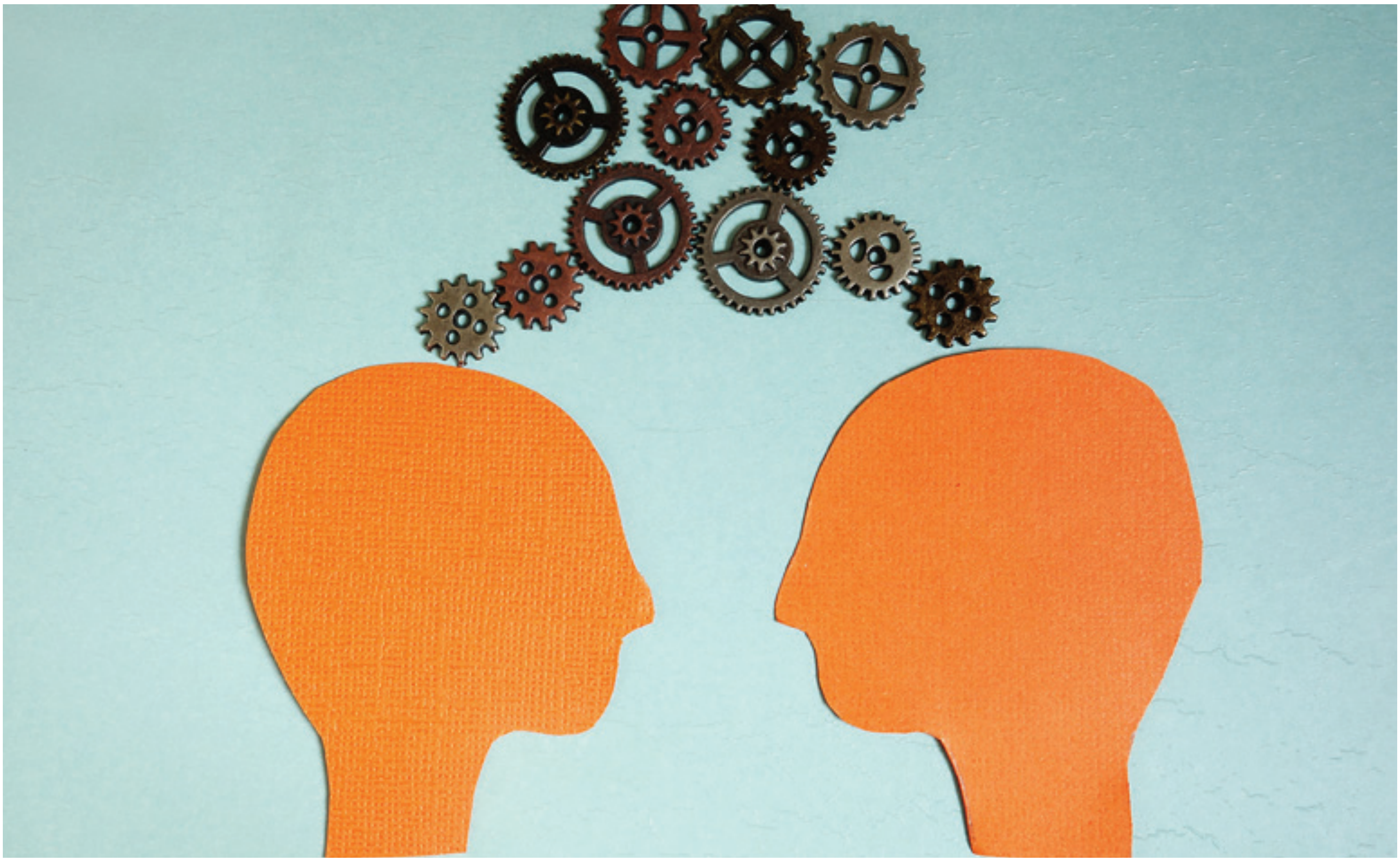
E.g. “The problem here is… this is an uncomfortable exercise/awkward topic/ difficult questions/a painful emotion is present. Your mind is trying to solve this problem by coming up with reasons not to do it/telling you to give up/changing the topic/distracting you from the emotion etc.”

Then we could validate further: This is normal/natural/your mind trying to look out for you/your mind doing its job.

Then we could segue to workability:

“If you get hooked by what your mind is doing here, is that going to take you towards or away (your goals, the bull’s eye, the life you want)?”

“If we get hooked by what your mind is doing here, will we be focusing on (your goals, the bull’s eye, learning new skills etc.) or will we be off-track?”



What If the Client Does Not Make the Choice You Hoped For?

What if the client, when offered a choice as in page 10, does want to give up? Or does want to go off-track or change topic? Or does want to debate?

Well, first of all we **VALIDATE** that response.

E.g. “That’s a completely natural choice to make.”

We may validate it further with some self-disclosure, to normalize the choice, and create a sense of commonality with the therapist.

E.g. “You know, your mind is a lot like my mind. Even though I do this work for a living, there’s lots of times my mind hooks me just as successfully as your mind has hooked you right now, with this thought.”

What Next?

Having normalised and validated the response, we can respond in many different ways. How we respond next will depend on:

- *What is the function of the thought?*
- *What is the client's issue?*
- *What goal are you working on?*
- *How much ACT has the client already done?*
- *What number session is this?*
- *How motivated/willing is the client?*

There is no standard response. The aim is to respond flexibly to each individual client, to suit the unique demands of that specific moment in therapy.

Therapist Flexibility

You can respond to anything that happens in session with any ACT process; and if you find one process fails, you can switch to another. Here's an exercise to develop this ability.

A client, offered the choice to "give up or carry on?" as described earlier, says, eyes downcast, shoulders slumped, voice faint: "I want to give up."

Assume the client has had enough sessions of ACT that you can draw on any aspect of the model without need for explanation or psycho-education.

Come up with at least one possible response based on each of the following ACT processes: defusion, acceptance, self-as-context, self-compassion, values, committed action, contacting the present moment, creative hopelessness.

If you do this exercise and find there's a process that stumps you - you can't think of any possible response with that aspect of the model - that indicates the need to do a bit more work on that aspect of ACT.

Watch Out for Coercion & Conflict

In ACT we want to empower our clients to have more choice in life; more choice about what they do in life and how they respond to its challenges.

And it is up to them to choose, not up to us. Sometimes they will make choices we do not like or want. So we really need to apply ACT to ourselves: to defuse from our own beliefs/ideas about what clients should or shouldn't do, and accept our own discomfort around their choices.

If we use any of the strategies in this eBook in a coercive manner, we will damage the therapeutic relationship. Tension or conflict will replace the compassionate, respectful alliance we aim for. So always model openness to and curiosity about the client's choices. (Obviously if the client is doing something that compromises us ethically, or that we are legally obliged to report to the authorities, we need to disclose that to the client.)

Sometimes the wisest course of action when your client makes a choice you didn't want them to, is simply to go along with it, and explore its function. How has making this kind of choice functioned in the past? How is it functioning in the present?

We might ask: "What is it like to be making this choice? What's showing up for you now? How is your mind trying to help you – what problem is it trying to solve for you." And so on.

* * *

Well, that's all from me, folks.
Hope there's something useful in this eBook for you.
Good luck with it all,
Cheers, Russ Harris